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ORIGINAL DEPARTMENT.

LECTURE.

INTRODUCTORY LECTURE.

BY WILLIAM S. FORBES, M. D.,

Professor of Anatomy in the Jefferson Medical College of Philadelphia.

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To you, young gentlemen, I will state with much emphasis that the course you are about to pursue,* as laid down in this college by its authorities now and heretofore, is the one of all others most conducive in advancing you to the desired end, assisting you to lead out and cultivate your mental faculties while imparting technical knowledge.

So impressed am I with this belief that I hesitate not to affirm that a medical course might well be made an efficient factor in the general education of the youth of the land.

There is no study within reach of the faculties of man more justly entitled to his respect, more instructive to his understanding, or more beneficial to the finer qualities of his heart, than the intelligent examination of that wonderful organization whereby a machine of a thousand wheels, self-conservative and self-repairing, is kept in motion for near a hundred years. An ancient philosopher and physician, in examining the different parts of the body in the plenitude of his learning, records this elevated expression of his feeling: "In explaining these things I compose a solemn hymn to the Author of our bodily frame, and in this I think there is more true piety than in sacrificing to Him whole hecatombs of cattle, burnt offerings and incense of the most costly perfume; for I first endeavor to know Him myself, and

then to show Him, to others, to explain to them how great is His wisdom and His goodness."

Such, gentlemen, were the sentiments of the illustrious Galen, the force of whose genius for more than a thousand years guided and ruled the medical mind with a greater sway than his master, Marcus Aurelius, ever ruled the Roman world; and who, though time and additional experience have dimmed the lustre of his name and made it less familiar to modern science, yet, in the history of the human intellect, stands forth as a half-inspired spirit whose genius for a long period formed the rallying point of everything learned and venerable in medicine.

The fervidness of feeling, and the excitement of imagination thus acknowledged by him have not been restricted to his day; for the perpetuity of the human character develops precisely the same emotions and sentiments in hundreds of persons who attach themselves to the cultivation of anatomy. * *

The difficulties that beset the first-year student are very great, and it is not by disguising or ignoring them that we shall prepare you for overcoming them. The remedy is as simple and as certain as the difficulties are many and great.

Stick to your lectures, your laboratory analyses, your dissections and your clinical work *with a will*, and the thing is done—half the difficulties will immediately vanish, and the other half will soon yield. You will have to draw on your resolution, your mental abilities, your force of character, but do not be afraid of overdrawing in such a cause.

The satisfaction of success is pleasing indeed to the noble mind in every undertaking in life. I know that the impulsiveness and

* Introductory to the Annual Course of Lectures.

the impatience of our youth naturally make the degree of exertion and industry requisite for our proper advancement anything but a labor of love. Many of us are too prone, like the camel of the desert, to lie down under our burdens, to rest satisfied with less than the bare accomplishment of our duty, to trifle away our moments of existence and become dull as a fat weed that rots itself at ease on a forgotten shore. If we desire success—I say we, you and I, my young countrymen—we should reflect that this is not the place of rest, not of rest or ease I repeat, but of steady, continuous, undeviating effort. Our work is never done, and it is the day-dream of ignorance to look for the hour as happy when we shall have nothing more to wish for and nothing to accomplish.

A chaste and lofty character comprehends not only the integrity that will not allow you, but the spirit that will not permit you, to remain idle and self-satisfied. Know you not that energy makes the imperial character of the mind, and largely imparts that grace with which it moves? The feather that adorns the royal bird supports his flight; deprive him of his plumage, and you fix him to the earth.

There is not one of you, not one in all this large class of students now within the sound of my voice, who may not, if he *wills* it, attain to all that a reasonable ambition would desire.

And now that I am permitted, in the providence of God, to stand here in this honored place to teach you the anatomy of man, the economy of the human body, after having been engaged in an active professional life of more than a quarter of a century, at home and abroad, in peace and in war, in prosperity and in adversity, I hope I may be pardoned if I venture to tell you, my young friends, what I would strive to do were I to begin again the life of a student of medicine. And in this I would address myself to every one of you individually, graduated and neophyte. First, I would form a resolution not to be shaken by anything but bodily illness; to be present at every lecture, each in its order, that I engaged to attend in this college and in the hospital during the session; and I would take down in writing then or immediately afterwards the principal facts stated by the different teachers.

Secondly. I would resolve to dissect every part of the human body with the utmost care, many times, until I had become an expert practical anatomist, and had acquired an accurate knowledge of all the viscera, all the great muscles of the body, that sustain it in the erect position, and that move it about;

the ligaments and the fasciæ, and the situation and course of all the great blood vessels and nerves.

I would examine with the deepest attention all the parts of the body where surgical operations might require to be performed, all the parts concerned in hernia, lithotomy, and aneurism—the cervical, axillary, and inguinal regions more especially; and all my my dissections would be directed with reference to the human body.

I should do all this as a student; and I would take care that the knowledge thus acquired should form the foundation of my future success in my profession, whether as physician, accoucheur, or surgeon, or in all these capacities. I would constantly keep in mind the fact that no solid and enduring reputation has ever been reared upon any other foundation.

Thirdly. In the pathological laboratory I would endeavor to acquire a complete knowledge of all the changes of structure which are produced by disease in the human body, medical or surgical, in the brain, spinal cord, in the organs of respiration, and circulation, and digestion, in the liver, spleen, kidneys, and bladder, believing that some day a human life may hinge on my knowledge, and knowing that in order to attend the sick properly, the dead must be examined without reserve.

Fourthly. I would prosecute my studies to the fullest extent, and in regular order, in the laboratories of practical chemistry and pharmacy, of materia medica and physiology. I would then direct all my energies to examinations at the bedside of the sick, and in the wards of the hospital. And I would resolve steadfastly through life to continue the practice of recording with rigid accuracy all the most important cases of medicine, surgery, and midwifery that came under my care.

Lastly, I would strive in every proper way to keep in health my body and my mind. I would arrange my studies in a methodical manner; and I would so conduct myself as to retain and increase any little store of knowledge I may have acquired in letters and in arts, not knowing but that in the progress of life I may be called upon to associate with those amongst whom general knowledge would be required to support the dignity of an American physician.

Young gentlemen, now that you are about to enter upon the study of your profession, it may be well to pause for a moment and observe what is required of those who are about to enter upon their duties in other professions. The priests in the church, the lawyers in court, and the doctors in medicine are

members respectively of the three so-called learned professions. The accredited officials in each of these professions claim to be devoted to the three great interests of man—his spiritual welfare, the care of his person, and of his property. It were easy to point the divine source of one of these callings, and it would not be difficult to trace the ecclesiastical origin of the others; but perhaps it may prove interesting, if not instructive, on this occasion to observe in passing the solemn promise, the affirmation, the oath of office the applicants are made to take in the vestibule, as it were, of the temple of religion and the temple of justice, and then to place before you the now buried and long forgotten but exacting oath of office that was once administered in the temple of Hippocrates.

The church inducts her servants to the priesthood with a gorgeous ceremony, and with the distinguishing marks of her sovereign sway. The applicant at her altar is made, on bended knee, before assembled men, and in the face of heaven, to avow in the most solemn manner his unalterable determination ever to obey her ritual, to defend her faith, and to advance her cause. This oath, instituted by Gregory, enforced by Innocent, and extended by Pius, is now under Leo daily whispered around the earth with the morning angelus.

The disciple of Justinian is placed now, too, under oath; that Justinian, the vain titles of whose victories are crumbled into dust, while the name of the legislator is inscribed on a fair and everlasting monument, and who obtains with this praise from the historian of the Decline and Fall the more enviable sneer of being at all times the "pious" and, at least in his youth, the "orthodox Justinian;"—this young advocate, who is to look after the property of his neighbor, he is likewise made to swear allegiance to truth and honor.

Among the Athenians and other Hellenic nations, no particular class of attorneys existed, but each citizen pleaded his own cause before the body of the people. Later on, orators, such as Demosthenes and Isocrates, spoke for others; but they performed their duty without the sanction of an oath.

Among the Romans there were various classes of persons learned in the law and especially devoted to it; but in theory, every man who held the proud title of a Roman citizen had the privilege of speaking in the forum. The praetor and the judices constituted the court, and there were "advocati," procuratores, and juris-consulti, but I cannot find that they were sworn to their duties.

And in those countries where the civil law is now administered and where the Romance languages are spoken, I do not find that either the avoués or the advocates are sworn. They are not in France, I believe. Among English-speaking people the responsibilities, legal and moral, of the lawyer of to-day, who is now an officer of the court, arise from his relations to the court, to his professional brethren, and to his client. The oath directed by law, in this State, to be administered upon the admission of an attorney to the bar, presents a comprehensive summary of his duties as a practitioner. It is that he is to behave himself in the office of attorney according to the best of his learning and ability, and with all good fidelity, as well to the court as to the client; that he will use no falsehood nor delay any man's cause for lucre or malice; that he will support the Constitution of the United States and the Constitution of this Commonwealth.

Fidelity to the court, the fountain of honor, fidelity to the claims of truth and honor, these are the matters comprised in this oath of office.

We find this oath, with little variation and excepting its last clause, recorded in the statute of Westminster in the thirteenth year of the reign of King Edward I., in the year 1285.*

In our country it is an oath of office, and the practitioner, the incumbent of an office in the administration of justice, held by authority from those who represent in her tribunals the majesty of the commonwealth—a majesty, says a late author, truly more august than that of any king or emperor. It is an office, too, clothed with many privileges, some of which are conceded to no other class of practitioners. It is therefore that the Legislature have seen fit to require that there should be added to the solemnity of the responsibility which every man incurs when he enters upon the practice of his profession the more impressive sanction of an appeal to the Searcher of all hearts.

And now, what do we find concerning the bond of him to whom the care of the person of man is entrusted?

It may be observed that the oath of the lawyer is the growth, in the course of time arising from the responsibilities and complications of his office.

In the case of physician at present, the law throws such barriers around the person of man for his protection, that an oath is not needed to extend that protection.

* For this information I am indebted to my legal friend, Mr. Charles McMichael.

But formerly an oath was thought necessary, and it was administered long before the existence of the civil law—yea, long before the day on which we are told the generous Evander welcomed the Trojan stranger to the hills of Latium.

I have translated this oath from the Greek of Hippocrates into English. It has been translated before, once in the year 1597, and again of late by the Sydenham Society. But it may be well to revert to the original text. The oath is so perspicuous in itself, and so luminous as to the sacred duties entrusted to the physician of that Pagan age, that I will leave it to you to judge of its applicability to the present time.

The oath is quoted as genuine by Erotian, Scribonius Largus, St. Jerome, and others.

"I swear by all the gods and goddesses, by Apollo the physician, and Æsculapius and Health and All Heal, that I will keep this my oath and stipulation—to reckon him who taught me this art equally dear to me as my parents, to share my substance with him and to relieve his necessities, if required; to look upon his children as my own brothers, and to teach them this art, if they shall wish to learn it—and that by precept, lecture and every other mode of instruction, I will impart a knowledge of the art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that practice, which according to my ability and learning I consider the best for the safety of my patient, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one, if asked, nor suggest any such counsel; nor will I conspire with a woman to destroy her unborn child. With purity and with holiness I will pass my life and practice my art.

"Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption, and further from the seduction of women, whether bond or free. Whatever, in connection with my professional practice, or not in connection with it, I see or hear in the life of men which ought not to be spoken of abroad, I will not divulge, thinking that all such should be kept secret.

"While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art respected by all men in all times; but should I trespass and violate this oath, may the reverse be my lot."

Surely the man who wrote this instrument was inspired by a celestial Deity!

What is but the golden law of the Christian dispensation, that we should do unto others as we would that they should do unto us?

Could the physician of to-day have a loftier standard to guide him in his course?

Though this oath is not now formally administered to us, in the moral law it is as binding to-day as when Hippocrates wrote it on the tables of his temple, on the mount beyond the Acropolis.

A word, and I have done.

In the course of my remarks, young gentlemen, I have felt that whatever their truth, they lacked many recommendations they might have derived from their utterance by some other speaker. But I will now venture to state what I can say better than any of my colleagues, for none of them can so fitly as myself commend to your approbation this college which now stands upon another year of its existence; for I have hitherto had no voice in its excellent arrangements. I am still unconnected with its excellent clinical and hospital departments, one of the most important parts of that teaching which a medical college implies. But these very circumstances leave me free to express a comparatively unbiased opinion, and justify my stating the deliberate conviction that no institution on this continent offers to the student a better field of clinical observation, or a more rational and practical adjustment of the various lectures and demonstrations which claim his notice. And as every institution has its peculiarities, I may mention one or two by which this medical college is, and always has been, pre-eminently distinguished: It was the very first college in this country to give its students complete courses of lectures and practical demonstrations in clinical medicine and surgery, which have enabled its graduates to practice their profession with that marked success which has been accorded them everywhere, and which has further enabled some of her graduates to rank among the first men of this age in any country. More recently it has added to every one of its seven fundamental chairs practical laboratory demonstrations on a very extended scale. Added to this, a comprehensive summary of the practical usefulness of this college to this community may be observed when I state that in the past year fifteen thousand patients have been treated within and around the walls of its hospital. Among them may be found every accident and every complaint that you are likely to meet with in your practice.

I am very exactly informed that on this

day, within the last twenty-four hours, one hundred and three surgical charity patients and seventy-nine medical, thirty-four eye cases and forty-one gynecological, twenty-three throat and sixteen ear cases, have been treated under its roof, and that twenty-six physicians are daily employed in its charity service. What a record is this!

And now, lastly, this college has always systematically endeavored to fulfill its implied contract with the public, the profession, and its pupils, to send forth into the world carefully trained men, who by fair abilities and reasonable industry, have learned to be efficient practitioners.

This is and should be the first object of a medical school.

The genius that presides over this still advancing school and hospital is that of reform—reforms that are good, reforms that are wise, reforms that are practical, reforms that are, in a word, to the glory of God and the good of man's estate.

Let us hope, as we may well believe, that such reforms will be ever on the wing, and never cease until they rest upon the ark of abiding safety.

[At the close of the lecture the students, through the speaker of the class, Mr. James Robinson, presented a magnificent gold watch to Prof. Forbes, in the presence of the trustees and Faculty, "as a token of their appreciation of his labors as a demonstrator and their respect for him as a professor of anatomy."]

SOME INTERESTING POST-MORTEM SPECIMENS.*

BY MORRIS LONGSTRETH, M. D.,

Of Philadelphia.

The patient who furnished these morbid specimens was by trade a miner, aged 56 years, giving a history of family disease of the thyroid gland, both parents and other relatives having had enlarged throats. This thyroid is converted into a cyst the size of an ordinary kidney. It gave rise to no difficulty, though his chief suffering was dyspnoea, evidently from kidney disease. Some two years ago the patient came to the Hospital because of oedema of lower extremities, but last Monday he showed general oedema. Urine contained albumen in large proportions. Great hypertrophy of heart, dilated aorta, and atheromatous vessels. The man

would probably have died shortly of aneurism.

The foramen ovale is enormously stretched, and upon the anterior surface of the heart is a light colored elevation. The constant bumping of the large heart against the under surface of the sternum has rubbed up a wart.

The normal heart weighs 12 ounces; this one is 26 ounces; and some fair estimate of the condition can be formed when I tell you that the dilatation greatly preponderates over the hypertrophy, which fact was proportionately bad for the patient. After death the left ventricle was filled with blood.

Kidneys enlarged, and I remove with difficulty the capsule, which leaves intact the cysts on the surface of the organ. Cysts on the surface are always due to contraction of the kidney, though in this case, owing to so much new inflammatory product thrown out, the kidney weighs 6 ounces.

Interstitial nephritis gave rise to the excessive dilatation and hypertrophy of the heart with its attending troubles; but *primarily* the kidneys were diseased, getting up this train of congestion of other organs.

The thyroid enlargement was congenital, not due to bronchocele.

Death from asthma.

COMMUNICATIONS.

A NOTE ON CASCARA CORDIAL.*

A SIMPLE, CONVENIENT, AND EFFECTUAL LAXATIVE VEHICLE.

BY R. S. HENRY, A. M., M. D.,

Of Charleston, West Va.

While medicinal efficacy is the first and most important quality to be considered in the preparation of a drug, the processes of pharmacy have now been so improved as to render it possible to retain this essential characteristic and at the same time secure palatability.

It needs no argument to convince the practicing physician of the importance of obtaining in prescriptions this hitherto much neglected condition of agreeableness. His memory will recall cases innumerable, in both children and adults, in which all the suasion or force it was possible to bring to bear was inadequate to overcome the patient's aversion to taking a medicine, or in which the rebel-

* Abstract of Clinical Lecture at Pennsylvania Hospital.

* Read before the Medical and Surgical Society of the Kanawha Valley, September 1, 1886.

lious stomach failed to serve the will, however strong, and instantly rejected the medicine that offended its susceptibilities.

That the profession to-day is being awakened to the necessity of palatable medicines, is evidenced by some recent articles that have appeared in current medical literature. Dr. E. S. Riggs, *Therapeutic Gazette*, March, 1885, p. 212; Dr. Franklin H. Martin (*ibid.*), January, 1886, p. 11 et seq.; and Dr. Horatio C. Wood (*ibid.*, page 181 et seq.) emphasize the desirableness of materially improving the palatability of prescriptions; and other illustrations are not wanting to show the importance this question is assuming in the minds of physicians. While much may be done by a proper selection of the concentrated and improved forms of medicine, and by administering nauseous drugs in pills and granules or capsules, there still remain many drugs which it is necessary or expedient to administer in fluid form.

It is to render this large class of preparations acceptable to the palate that the physician often tries the whole line of vehicles, without satisfaction to himself or to his patient.

A vehicle which would combine the properties of compatibility, permanency and innocuousness, and above all possess the quality of disguising and rendering positively agreeable to the taste many of these nauseating and bitter preparations, must necessarily meet with the universal appreciation of practitioners, and be a priceless boon to their patients.

It is the purpose of this note to call attention to such a vehicle and corrigent, and to suggest a few illustrative formulæ which will indicate its very wide range of application in every-day practice.

We believe that that combination of aromatics and carminatives with cascara sagrada, known as Cascara Cordial, introduced by Messrs. Parke, Davis & Co., fulfills every required indication.

In addition to its power of disguising the taste of such bitter drugs as quinine, its gentle laxative properties render it peculiarly well adapted for addition as a corrigent to the many preparations which, given alone for any length of time, tend to interfere with the normal action of the bowels, such as the various preparations of iron and opium, than which no others are more frequently indicated and more used by physicians.

Take, for example, such a preparation as the tincture of the chloride of iron. What physician has not been compelled to desist from

its use, even when most strongly indicated, on account of the marked constipation it causes? To obviate this objectionable feature of this valuable hæmatic, we may use the following formula, or such modification of it as may be desirable:

R. Tinct. ferri chlor., ʒvj to ʒxij.
Cascara Cordial, ʒij.
Water, q. s. ad. ʒiv.
M. Sig.—Teaspoonful T. I. D.

A very useful formula in the treatment of the anæmia and glandular enlargement of pale, flabby, scrofulous children, is the syrup of the iodide of iron combined with Cascara Cordial, as follows:

R. Syrup ferri iod., ʒij.
Cascara Cordial, aa ʒij.
Dose.—20 drops in water T. I. D., increased as required.

During the past year I have treated a large number of cases of phlyctenular keratitis—that form of corneal trouble so commonly met with in strumous children, and which by being simply neglected has caused the impairment of vision of so many people. In this disease of the eye, local means bear but a subordinate part to the general treatment. Tonics and alteratives are first in importance, and among them syrup of the iodide of iron, in my experience, has given the most satisfaction. Since I have been administering it in Cascara Cordial I find its efficacy much increased. I can prescribe it in larger doses and continue its use longer without experiencing any of the unpleasant effects of the iodide, and besides, I present a mixture which is very acceptable to the taste of the little patients.

In nervous debility and anæmia, and in phthisis, a combination of hypophosphite of iron with Cascara Cordial often acts very happily, especially where there is a tendency, as there often is, to atony of the muscular coat of the bowels and consequent constipation. In this condition we could use to advantage:

R. Ferri hypophosphit., ʒij.
Acid hydrochloric, dil., q. s. ad.
solv.
Cascara Cordial, ʒiiss.
Water, q. s. ad., ʒiv.
M. S.—Teaspoonful four times a day; after meals and on retiring.

Perhaps no drug is more universally prescribed than quinine. When it is desired to produce an immediate absorption of this drug, it is preferable to give it in the form of powder or solution. Its inherent bitterness, however, renders this mode of administration objectionable to most patients. Innumerable vehicles have been tried to disguise its bit-

terness, with varying success, but we believe none has proven so acceptable as Cascara Cordial, which has been extensively used for this specific purpose, and with most gratifying results. To abort an ague fit the following may be prescribed with advantage:

R. Quiniae sulphat., grs. x.
Cascara Cordial, $\frac{3}{4}$ ij.
Water, $\frac{3}{4}$ j.

M. S.—Take at a draught.

As a prophylactic against malaria, or in all malarial remittent affections, we may combine quinine with Cascara Cordial as follows:

R. Quiniae sulphat., $\frac{3}{4}$ ij.
Cascara Cordial, $\frac{3}{4}$ ij.
Water, q. s. ad, $\frac{3}{4}$ iv.

M. S.—Teaspoonful three or four times a day. Increasing the quinine when indicated.

Intermittent headache or supra-orbital neuralgia is often relieved by combining quinine with cascara. Here we fulfill two plain indications. We get the specific antiperiodic and anti-neuralgic effect of quinine, and the tonic laxative effect on the bowels of cascara. The following formula is a useful one:

R. Quiniae sulph., $\frac{3}{4}$ j.
Cascara Cordial, $\frac{3}{4}$ j.

M. S.—Teaspoonful as indicated.

In sick headache, the above formula may be combined with caffeine and salicylate of soda thus:

R. Quiniae sulphat.,
Caffeine,
Sodii salicylat., aa $\frac{3}{4}$ j.
Cascara Cordial, $\frac{3}{4}$ j.
Water, q. s. ad. $\frac{3}{4}$ iv.

M. Sig.—Dose, a teaspoonful on a little finely cracked ice.

When it is desired to give the preparations of opium and to antagonize their constipating effect, the addition of Cascara Cordial to the dose of the narcotic will admirably meet the indications. Thus, when it is required to use opium for its abortive effect in the initiatory stages of incipient catarrh of the respiratory tract in the first stages of a cold in the head or cough, we may give:

R. Dover's powder, gr. x.
Cascara Cordial, $\frac{3}{4}$ ij.
Water, $\frac{3}{4}$ j.

M. Sig.—At a draught.

The cascara here secures a satisfactory evacuation from the bowel, and thus has a derivative effect on the catarrhal condition, which is further aided by the well-known antiphlogistic action of the Dover's powder.

It is often difficult, when necessary to give opium in some form for a long time, to counteract its repressant action on the secretions, especially on those of the intestines. It is here that the specific action of Cascara

Cordial is admirably shown. It not only secures a free, painless stool, but acts also as a stomachic, improving the processes of assimilation, which are so often at fault in cases of chronic invalidism.

It would be superfluous to suggest appropriate formulæ here; to any preparation of opium used we may add Cascara Cordial in quantities sufficient to meet the indications in the individual case. In melancholia, a condition now widely obtaining among women both in the higher and lower circles of society, and dependent on over- or under-work and insufficient or improper nourishment, opium will often furnish the needed stimulant, though it is most important in these cases not to establish the opium habit. Lauder Brunton, in his "Pharmacology, Therapeutics, and Materia Medica," p. 724, suggests in this condition the use of the tincture of opium in doses of from five to ten minims. We could combine this with great advantage in these cases with Cascara Cordial as follows:

R. Tincture of opium, $\frac{3}{4}$ iss to iiss.
Cascara Cordial, $\frac{3}{4}$ ij.

M. Sig.—Teaspoonful as indicated.

Here the patient may be kept in ignorance of the fact that she is taking a narcotic—a material aid in preventing the future formation of the opium habit. In specific disease, in scrofula, glandular enlargement, and in fine whenever it may be desirable to give iodide of potassium for a considerable time for its alterative action, no better vehicle for the drug can be used than Cascara Cordial. A useful formula is the following:

R. Potassii iodid., $\frac{3}{4}$ ij.
Cascara Cordial, $\frac{3}{4}$ ij.
Water, q. s. ad., $\frac{3}{4}$ iv.

M. Sig.—Teaspoonful largely diluted t. i. d. The iodide of potassium to be increased as required.

A great objection to some very valuable remedies consists in the disagreeable cerebral symptoms accompanying their administration in large doses, or in cases in which it is necessary to prolong their use for a considerable period. Thus, salicylate of sodium, which is so invaluable in rheumatism, must often be stopped at a critical period in the process of the disease, or the dose reduced, on account of the head symptoms developed; Cascara Cordial will often prevent the development of these toxic symptoms of the drug. The following furnishes a convenient formula for combining the salicylate with Cascara Cordial:

R. Sodii salicylat., $\frac{3}{4}$ j.
Cascara Cordial, $\frac{3}{4}$ ij.
Water, q. s. ad., $\frac{3}{4}$ iv.

M. Sig.—Teaspoonful in wine glass of water

four times daily, increasing or diminishing the salicylate as required.

The few illustrations given but imperfectly, convey the very wide range of application of Cascara Cordial as a vehicle. The requirements of the physician will extend its use to almost all prescriptions needing correction, either on account of their bitterness or tendency to constipate. So many diseases are dependent upon or attended by disturbance of the functions of digestion and assimilation, and especially by interference with the secretory functions of the bowels, and so many valuable drugs, the use of which is indispensable, but serve to increase or perpetuate this tendency, that the application of a vehicle which secures palatableness and at the same time establishes a regular action of the bowels, must come into very general use in the every-day routine practice of the physician.

"MIDWIFERY IN THE COUNTRY."

BY WM. F. MITCHELL, M. D.,

of Addison, Pa.

An interesting article on the above subject appeared in a recent number of the REPORTER, from the pen of the venerable Dr. Corson.

Of course very few practitioners can boast of more than a minimum of his vast experience, yet, in the practice of an art so necessary, the most obscure amongst us may say something not entirely uninteresting to the youngest members of the profession. I have had something over six hundred cases of labor since I have been in practice. I have only had three breech presentations, one of the face, one of the feet, none of the shoulder or arm, and only one case of prolapsed cord. All the rest were the different degrees of head presentations, so-called. I have only had three cases of twins. The youngest mother was a primipara, not fifteen years old, confined with an illegitimate child, the oldest a multipara, forty-nine years old. I hardly know whether I am proud or ashamed to say I have never used the forceps in my life, but I am glad to know I have never had a case of lacerated perineum or a torn cervix. In looking back at this time I can see three instances in which the life of the child *might* have been saved by the use of the forceps; but when the mothers made good recoveries, who shall say which was best to do? Of course I have had a good many still-born children—I mean a good many compara-

tively, but none that seemed avoidable. I have the proud satisfaction of knowing that only one woman died whom I attended during her confinement, and in her case the labor was premature, and the surroundings were such that her death was a natural consequence. I have had three cases of puerperal fever, all of which recovered. I have been called a good many times after the child was born. I have had three cases of hour-glass contraction. I prefer Prof. C. H. Meigs' method of removing the placenta. He says the placenta should be "unbuttoned" much as you would unbutton your coat. There is no necessity, except in the rarest cases, of introducing the hand into the uterus. My experience teaches me that an *adherent placenta* is a *rara avis*, since I have had only three cases in more than six hundred. The placenta should be removed as soon as possible after the child is born, for it is reasonable that the sooner the parts have an opportunity to resume their normal condition the better. As I said, I have never used the forceps, but I can remember some cases in which considerable suffering *might* have been avoided by their skillful use. Still, since mothers and children did well, with the exceptions mentioned, I am very well satisfied.

Labor is, as Dr. Corson says, a natural process, and there is entirely too much interference with nature many times, with the forceps and otherwise. The temptation is very great many a time, when you are in a hurry, to use the forceps unnecessarily; but, unfortunately perhaps for me, when the necessity *did* arise in my cases, I would be some miles in the country, and would have none with me. I am glad, however, to know that no poor woman is to-day dragging herself miserably through life mangled and torn by any forceps in my hands. Possibly it has only been my "luck," to never meet with a very difficult case, only sometimes rather protracted. Just here I will say, in regard to the support of the perineum, nothing is equal to the bare hand. Some over-fastidious person may cry out about the indelicacy of such a proceeding; but at the time when the perineum needs support, the poor woman, in her agony, is not thinking of delicacy, neither should her medical attendant—only he should do his duty as a gentleman, and I hope no man will ever enter a lying-in room who is not a gentleman.

It seems to me the advice mentioned by Dr. Corson, as given by Dr. Elliott, in regard to shaving the genitals, etc., is more

NON ANGUIS IN HERBA.

A knowledge of what the physician is prescribing is essential to the correct application of Therapeutics. A competing firm has said to the Medical profession and to the Public that their preparation of Caffeine was imitated. They do not give the name of the firm neither do they give the composition of the remedy which they are advertising. How therefore could there be any imitation practiced? How could the medical profession be expected to do otherwise than give preference to Warner & Co.'s Effervescent Bromide of Potash, 20 grs., and Caffeine, 1 gr., as published to the profession? Hence we say: to correctly amend the motto as above expressed, "No Snake in the Grass," meaning that it is not a secret remedy, and such as the doctors can use with confidence and with better and more certain effect.

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Med. prop.—A most desirable Cathartic.

The most useful application of these Parvules is in periodic irregularities—Dysmenorrhœa and Amenorrhœa. They should be given in doses of one or two every evening at and about the expected time.

DOSE.—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt and ample Cathartic effect, unattended with nausea, and in all respects furnishing the most desirable aperient and cathartic preparation in use. For habitual constipation, they replace, when taken in single Parvules, the various medicated waters, avoiding the quantity required by the latter as a dose, which fills the stomach and deranges the digestive organs.

Antimonii et Potass. Tart. 1-100 gr.

Med. prop.—Expectorant, Alterative.

Arsenici Iodidi 1-100 gr.

Med. prop.—Alterative.

Belladonnæ Fol. 1-20 gr.

Med. prop.—Narcotic, Diaphoretic, Diuretic.

Calomel 1-20 gr.

Med. prop.—Alterative, Purgative.

DOSE.—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain), produce an activity of the liver which will be followed by bilious dejections and beneficial effects that twenty grains of Blue Mass or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.

Camphoræ 1-20 gr.

Med. prop.—Diaphoretic, Carminative.

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Med. prop.—Diuretic, Stimulant.

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Med. prop.—Stimulant and Carminative.

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Med. prop.—Cathartic.

Digitalis Fol. 1-20 gr.

Med. prop.—Sedative, Narcotic, Diuretic.

Dover's Powder 1-3 gr.

Med. prop.—Anodyne, Soporific.

Ergotinæ 1-10 gr.

Med. prop.—Emmenagogue, Parturient.

Ferri Redacti 1-10 gr.

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Gelsemini Rad. 1-50 gr.

Med. prop.—Nervous and Arterial Sedative.

Hydrarg. Bi-Chlor. 1-100 gr.

Med. prop.—Mercurial, Alterative.

Hydrarg. Iodid 1-20 gr.

Med. prop.—Alterative.

Hydrastin 1-20 gr.

Med. prop.—Tonic, Astringent.

Iodoformi 1-10 gr.

Med. prop.—Alterative.

Morphinæ Sulph. 1-50 gr.

Med. prop.—Narcotic, Sedative.

Nucis Vomica 1-50 gr.

Med. prop.—Tonic, Stimulant.

Phosphorus 1-200 gr.

Med. prop.—Nerve Stimulant.

Podophyllini 1-40 gr.

Med. prop.—Cathartic, Cholagogue.

Two Parvules of Podophyllin, administered three times a day, will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

Potass. Arsenitis 1-100 gr.

Med. prop.—Alterative.

Quinina Sulphatis 1-10 gr.

Med. prop.—Tonic, Antiperiodic.

Strychninæ 1-100 gr.

Med. prop.—Nerve Stimulant, Tonic.

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nonsensical than useless. I have never seen a case, nor can I imagine one, where such an operation would be, in any sense, called for.

After delivery, I have no doubt, syringing with a weak solution of carbolic acid, would not be bad practice. Nothing is better, when the os is rigid, than a moderate dose of morphia, using the fingers at the same time as a dilator. The tying of the cord is as necessary as anything else in the practice of obstetrics. The natural instincts of animals, notably cows, leads them to ligate the cord by torsion—licking it with the tongue—and since hemorrhage sometimes follows even after the cord has been tied, it seems to me there can be no argument in regard to this matter. Anyhow, a person can feel comparatively safe after the cord has been carefully tied. The old plan of dressing the cord with grease of some kind is useless; a dry, soft rag, with a hole in it, doubled a few times, is better.

I do not agree with Dr. Corson in regard to the use of the binder. How would he, or any other man, feel if he had recently had a tumor weighing eight or ten pounds, with a gallon or two of fluid, extracted from his abdominal cavity? Methinks there would be a feeling of "all-goneness" that would loudly call for a support of some kind. The skin and integuments have been on the stretch for months, the last few weeks to the utmost tension—in some women so much so that the corrugated appearance of the skin remains ever afterwards; the intestines lie limp and loose; the folds of the abdominal walls fairly overlap each other; the emptiness, so to speak, of the cavity, so recently bulging out with its contents, is painful; the back is tired and sore. Why, then, should there not be a binder for support to all the parts? The binder should be good, and stout, and broad. It should not be too tight, nor worn too long. Before applying the binder the condition of the uterus should be ascertained, if it seems to be firmly contracted, so that it appears as a firm, hard body when grasped with the hands; then the binder can be applied with the certainty, almost, that the patient is all right.

I have never had any trouble, so far, with post-partum hemorrhage. Venesection is the sheet-anchor in convulsions, both before and after delivery.

The suffering of women during labor is sometimes terrible to see, but if a delivery is carefully conducted, I have yet to see a woman to whom strength sufficient was not given to bear up under the ordeal.

SOME DISORDERS OF ADOLESCENCE, ESPECIALLY IN GIRLS.

BY JOHN M. KEATING, M. D.,

Of Philadelphia.

There is a large amount of literature on this subject, but it is mostly confined to monographs or articles appearing in popular magazines. These do undoubtedly a great deal of good, but at the same time it seems to me that there is a medical side of the question which is equally important.

We all recognize the very great importance of impressing upon mothers the value of all that tends toward muscular development in growing girls. They should be symmetrically developed, should have full chests, straight backs, and strong limbs. We should also urge the importance of clothing of light weight and loose fitting, the principal strain being on the shoulders, not on the waist and hips, and also the evil results of cramped, stooped positions in the school-room, eye strain, and bad ventilation. We all urge these matters daily, and we all know but little attention is paid to them. But there are certain forms of various disorders which occur about the time of the second dentition which deserve more than a passing notice. These are manifested either as a chorea, nervous excitement such as night terrors, and various mental disturbances misnamed hysteria, gastro-intestinal disorders, and evidences of mal-nutrition. The child will probably become languid, suffer with frontal headache, become peculiar in her disposition and show fits of temper, shun society of other children, lose her appetite, become despondent, and possibly develop a local twitching of some of the facial muscles. It is customary to say that this is all reflex,* is possibly the warning that the system is undergoing some change preparatory to the menstrual functions—that it is in fact a true hysteria. This may or may not be the case. My own impression is that it is often due to the anæmia brought about by rapid growth and development, with faulty assimilation and deficient oxygenation. In my experience such cases present two types, the one essentially nervous, just described, the other the so-called strumous or lymphatic, in whom the want of proper assimilation is shown by a large amount of stored fat, and the anæmia by excessive pallor.

Sufficient attention has not been called to the disturbances caused by the pressure of the twelfth year molars. These may show themselves in either dental neuralgia, or, in fact, any form of trifacial neuralgia, gastric disorders, or mental peculiarities, amounting to melancholia or symptoms of acute meningial irritation.

In the first case, the mother will tell you at once that her child cannot take iron, that she has frequent nose bleeds, and that she feels confident that if iron could be given it would be of great service. The nervous system seems to run riot, but this very excitement in itself is an evidence of the demand on the part of nature for a blood supply which is nutritious and well oxygenated. All the exercise in the world, all the most nutritious and sustaining of foods, will have no effect, until the digestive organs are made to perform their normal functions. If you examine the tongue you will find it coated, the breath is heavy, the bowels are sluggish, the appetite is perverted, the child craves extraordinary articles of food, especially acids and sweets. She has a disgust for her regular meals. There is flatulence, cardiac palpitations, asthma after exertion. The urine is either scanty and high colored, or very copious and of low specific gravity. If the menses have been established they are scanty, colorless, and irregular, or there is a leucorrhœa. In these cases the recommendation of popular writers for gymnastics, friction, mild diet, etc., are admirable after the digestive organs have been cleared of their accumulation of ashes, and the normal functions whipped into activity. For an infant I have the greatest confidence in small doses of calomel, with soda bicarb. and ipecac, frequently repeated; but for the cases we now speak of, I much prefer the following:

R. Acid nitro-muriat. dil. ℥i. xl.
Succus. Tarax., ℥i. lxxx.
Vin. pepsini, q. s. ad. ʒj.

Sig.—Teaspoonful in water after meals three times daily, with a half teaspoonful of the fluid extract cascara sagrada every night until the bowels become regular.

After taking these for a few days, if the tongue has become clean, the complexion clearer, the patient can be placed on the following, instead:

R. Hydrarg. chl. corros., gr. ʒ.
Liq. arsenici chl., ℥i. xij.
Tinct. ferri chl., ʒj.
Syr. limonis, ʒj.
Aque, q. s. ad. f. ʒvj.

Sig.—Tablespoonful after meals, and the laxative continued, if necessary, at night.

As far as the general treatment is concerned, the little patient should be sponged every morning with tepid water, she should stand in a tub, and have a pitcher of it poured down her spine from the nape of her neck, and then be thoroughly rubbed with a soft Turkish towel into a glow. The break-

fast should consist of milk warm, or cocoa, a soft-boiled egg, or rare pieces of steak or chop, either oatmeal, cracked wheat, grits, or Indian meal alternating; bread and butter, with hot cakes. For dinner soup, rare meat, fresh vegetables, very little water. For supper, stewed fruits, bread and butter, warm milk or cocoa, with tea, not coffee. She should retire early, and not be permitted to read at night. The supply of oxygen should come from out-door exercise, not an over-indulgence in walks or games that fatigue; let the school hours be limited to the early part of the day, and avoid that abomination of preparing lessons in the afternoon or evening for next day's recitations.

In about a week's time the girl will be able to bear the iron alone, and the tincture of the chloride can be given in ten or fifteen drop doses for some time, or a chalybeate water can be given with arsenic. The digestive organs will now also tolerate milk in large quantities, provided it is of medium richness, is fresh, and given warm.

But this is not all. There are very many cases of a highly nervous type, which, despite the most careful treatment, will not improve at home. The constant association with parents of like temperament, however solicitous they may be in carrying out instructions, is of itself a cause of nervous irritation.

It may be necessary to send such children from home, either to some relative, living possibly in the country or some distant city, or perhaps to some suburban or country boarding school, where a thorough change of air and scene, the association with girls of a different temperament, will work wonders.

For the strumous type, the same preparatory treatment may be instituted, and for such I would not hesitate to push the iron, phosphates, cod-liver oil as soon as possible. Change of air to the sea-shore is advisable. There is little trouble in the home treatment on these latter cases; there is rarely a conflict if authority in such families.

Although I have intimated that the ovaries have little to do with the production of these conditions, I feel satisfied that the weakness, constipation, faulty clothing, eye strain, or dental pressure, will eventually tend to the production of uterine derangements—anæmia being the cause, due to deficient assimilation, from digestive disturbances, want of fresh air and healthful exercise, reflex irritation, and afterwards uterine disorders follow—*post hoc* instead of *propter hoc*.

1504 Walnut street.

MEDICAL SOCIETIES.

PHILADELPHIA CLINICAL SOCIETY.

Dr. Amy S. Barton in the chair.

The paper for the evening—

Operation for Abdominal Fistula, and Removal of Gall-Stones,

was read by Dr. Marie B. Weiner.

Mrs. S. came to me, in May, 1883, to see what could be done for a fistula, located about one inch below, and three-fourths of an inch to the right of the umbilicus. This had existed about 2½ years, remaining open and discharging a muco-purulent fluid. The history is as follows: During October, 1880, the patient, for a period of two weeks, had an attack of fever, and although there were morning remissions and evening exacerbations, it never left her entirely. This was accompanied by severe pain, particularly on the right side, which was best described as being similar to colic. There was also a general tenderness, and her skin was compared, by her sister, to the color of old gold. After this attack passed off she enjoyed good health until some time in the following January. Early in this month she lifted her mother, unaided, into bed; and a few days later, whilst walking along the street, slipped in such a manner as to throw her body backward, but did not fall. This accident was followed by a sudden pain in the abdomen. A "lump" formed, six or seven inches diagonally upwards from the umbilicus, on the right side, about the size of a large fist. This would partially disappear, at times, but never entirely. The whole side had a greenish, yellowish discoloration, similar to that of a bruise, which gradually assumed a dark-red color around the umbilicus.

Some time in March, 1881, a small vesicle appeared a little below and to the right of the umbilicus, which the patient pricked with a needle. A thin liquid, mingled with some pus, escaped therefrom.

She poulticed it only at intervals, being somewhat undecided what was the proper course to pursue. Finally allowing her physician to see it, he informed her that it was a fistula, and that it would have to be laid open; but this was never done, and the patient continued to try the various remedies prescribed, without the desired result. It would still continue to gather and break, and she soon learned that most comfort was derived if the track were kept open, to allow free drainage. At a later period, the date of

which could not be recalled, a small concretion, as large as a grape-seed, escaped from the opening, but it was not preserved. There was no bile in the discharge.

When I first examined the patient a bluish spot was seen, about the size of a ten-cent silver coin, one inch below and three-fourths of an inch to the right of the umbilicus, somewhat raised above the surrounding tissue, an opening in the centre.

The probe entered four inches, with very little resistance and no pain, passing upward to the right and almost directly inward. It was thought an abscess had formed in the abdominal wall, for though questioned carefully she denied any jaundice until *after* the operation, and then too for the first time was any mention made of the small body like a grape-seed.

Packing with oakum was first resorted to, without the desired result; then injections of nearly all the irritating liquids at command in such cases were used; but the fistula continued open.

An operation was strongly opposed by the patient, and since no other benefit had been derived from treatment except comfort, it seemed as though the only course was to continue the injections.

I succeeded in obtaining a consultation with Prof. W. W. Keen, who during the examination, succeeded in introducing the probe six inches, it seeming to take a more direct course posteriorly. Prof. Keen advised an exploratory incision, which was made May 1, 1884. At 2 o'clock p. m., on that date, the patient being etherized, a probe was introduced, and its direction determined by counter pressure. An incision was made diagonally over the probe, in the direction of the liver, about four inches in length, dividing, successively, the integument, subcutaneous fat, and muscular tissue. The fistulous track was thus laid open, and I was enabled to insert the probe two inches farther, when it struck a resisting body, suggesting a bone, or more likely a calculus. I then dilated the canal with a pair of hæmostatic forceps, and as this was done a small calculus fell between the blades, and lodging there was withdrawn with the instrument. The character of the fistula was now determined. A small rent in the fascia beneath the transversalis muscle, made by the process of stretching, was brought together by three catgut sutures; the remaining stones were then removed, numbering, in all, eleven. They were whitish in color, round in shape, not faceted; the largest was about the size of a hickory-nut, and the smallest about as large

as the head of an ordinary black toilet pin. Careful search for more proved fruitless, though both probe and finger were used. An attempt was made to determine whether the cavity, at the internal end of the fistula, was the gall-bladder or a false cavity, but no positive conclusion was reached. The cystic duct could not be found.

The wound was washed out carefully with a stream of carbolyzed water (5 per cent.), a large drainage tube inserted the length of the track, the parts brought together by seven wire sutures, and dressed with antiseptic dressings. The patient was permitted to sit up for half an hour on May 14th, just two weeks after the operation, and from that time gained strength steadily. During her confinement to bed, her temperature fluctuated between 98.4° and 101°, reaching the higher point but few times during her illness.

For the first few days there were some nausea and vomiting, which were controlled by the administration of brandy and aromatic spirits of ammonia.

The wound was dressed the day after the operation, the bandages being soiled with blood. On the fourth day after the operation, the discharge became purulent, and so continued.

On June 11 the patient visited Dr. Keen, at his office; the drainage tube had in the mean time been changed to one of smaller calibre, but of the same length as the one first introduced. The discharge was still free, and of a muco-purulent character, Dr. Keen suggested daily injections of a solution of gtt. xl. tinct. ferri chlor. to fʒj. of water, and to shorten the drainage tube. This was done with the view of determining if a communication existed between the tract and the duodenum. The injections were continued for ten days, but with no dark discoloration of the feces. The discharges were, however, materially lessened, and I again shortened the drainage tube, leaving only about 1½ inches. I then began using injections of unguent. nit., grs. xv. to fʒj., every other day, with continued improvement.

During the period of twenty-four months there had been two profuse discharges of pus from the tract—the exact amount discharged unknown; these were preceded by great pain, radiating along the right side, and between the shoulder blades. After the last discharge of pus I was able to insert the probe 6½ inches, passing slightly upwards and almost directly inwards, producing sharp pain, which caused the patient to gasp. My patient is in no better condition since being operated upon than she was previously.

She will cheerfully submit to a second operation, *provided* a reasonable prospect of recovery can be assured to her.

MARY WILLETS, M. D.,
1527 Green St. Reporting Sec'y.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, September 2, 1886.

The President, B. F. Baer, M. D., in the chair.

Intubation of the Larynx.

Dr. E. E. Montgomery exhibited a set of Dr. O'Dwyer's tubes, the gag, and the instruments for the insertion and removal of the tubes. He related the history of a case of laryngeal diphtheria, in which they were successfully used to relieve asphyxia. In consequence of an overdose of stimulant the tube was coughed out, and had to be replaced, as the child could not breathe without it. The doctor contrasted the difficulties of tracheotomy with the comparative ease of introduction of the tubes, and called attention to the want of success attending the former operation, as parents will not give an early consent for its performance. He had performed eleven tracheotomies before he had a single successful case, and as his first intubation case has been a success, he feels strongly in favor of the new operation.

Removal of the Ovaries for Uterine Fibroid.

Dr. M. Price: The case is one of interstitial uterine fibroid; the uterus being about the size of one at the third month of pregnancy, irregular in outline and nodular, and pelvic-bound. The ovaries were displaced backward and incarcerated between the uterus and sacrum, making it difficult to remove them. The woman had been suffering four years, and a confirmed invalid during the last one, unable to do any work. Her marital relations had been suspended for over a year, owing to the sickening pain attending any attempt at sexual intercourse. She had to walk with great care and lie on her stomach while resting or sleeping, to prevent a throbbing and sickening pain in the pelvis. A rather exceptional and interesting feature of the case was the absence of profuse and irregular bleeding. Her menses were irregular, scant and pale. Her chief suffering was from engorgement of and pressure upon the ovaries. All kinds of treatment had been persevered in for the last three years, and the patient grew worse. She demanded operative procedure for her relief, preferring the risk of death to her suffering. The ovaries were removed July 9,

1886. They were hypertrophied. They were found low down behind the uterus. They contained numerous pus pockets. The tubes were enlarged, but did not contain pus. With the exception of a suture abscess, she did perfectly well, and made a perfect recovery. She is now able to look after her domestic affairs, and is free from pelvic pain and soreness.

No examination of the condition of the uterus has been made since the operation.

CHICAGO MEDICAL SOCIETY.

OFFICIAL REPORT.

Stated meeting, October, 20, 1886.

E. J. Doering, M. D., President, in the chair.

Dr. Charles Warrington Earle entertained the Society with a very interesting account of his recent trip abroad, referring more particularly to observations made in the

Hospitals of Paris and the Laboratory of M. Pasteur.

He first visited the Hospital Lariboisière, which has an outside and inside obstetrical department in which 3500 women were confined last year. This hospital has 875 beds, and the several pavilions are disinfected by carbolic acid, and thoroughly washing everything in them with solution of bichloride of mercury. But the favorite antiseptic is the biniodide of mercury. An interesting feature in this hospital is the contrivance for keeping up the body heat of prematurely born infants. It is a square box so constructed as to prevent the loss of heat, the top of which is covered with glass. In the upper part is placed a thermometer and a little basket with soft clothes, in which lies

the baby. In the lower part of the box is an arrangement for the introduction of hot air, either from the heating apparatus of the building, or by heating air by gas or hot water bottles. For infants younger than seven months the temperature is maintained at 100° to 105° F. Between seven and eight months the temperature ranges from 85° to 100° F. The children are fed with breast milk when possible, and are not handled or exposed except when absolutely necessary. By using this incubator they save a large number of the lives of the prematurely-born infants. The Maison d'Accouchements is Tarnier's private hospital. Although not a modern hospital, asepsis is aimed at, each patient being isolated and having her own irrigator, the permanganate of potash being the favorite antiseptic. Carbolic acid is sprayed in the wards continually. In turn he visited the Hospitals Bichat, Tenon, and Hôtel Dieu, in all of which the rule is cleanliness and disinfection. Dr. Earle said his most interesting visit was to the dispensary and laboratory of M. Pasteur. The dispensary was smaller than the number of patients demands, and here Pasteur spends his forenoons, exercising a supervision over the treatment of the scores of unfortunates who go daily to be inoculated for hydrophobia. Nearly every country on the globe has sent patients here. Dr. Earle then explained the mode of preparing the virus. He said, also, that the majority of scientists on the continent are satisfied that M. Pasteur is honest in his endeavors to prove that he has discovered a cure for hydrophobia, and that they are simply waiting for time to prove if such be the case. They have great confidence in Pasteur, and believe that at the proper time he will announce the truth.

EDITORIAL DEPARTMENT.

PERISCOPE.

Infantile Cerebral Paralysis.

Dr. R. Norris Wolfenden thus writes in the *Practitioner* for September:

The disease to which we may thus give the name of cerebral infantile paralysis may be described in the following terms: A healthy child is attacked with one or more convulsions, vomiting, and fever, which may

last for a day to two or three weeks, or may be so slight as to be scarcely recognized. Complete hemiplegia results, and if it is of the right side of the body, speech is generally affected. Sometimes the paralysis is manifested as a monoplegia of arm or leg, and more rarely it assumes a paraplegic form. At this stage the little patient may remain for a longer or shorter time unconscious; in one of my cases coma was said to last for forty-eight hours. In other cases

the initial attack is transitory, and the child appears well in a few hours, but a partial or complete hemiplegia has resulted.

This completes the first stage. Facial paralysis is rare, but strabismus not unfrequently is met with. The second stage is that of recovery, and may be said to last until a stage when permanent mental defect is first noticed, accompanied frequently with epilepsy. The recovery during the second stage is tolerably complete, the leg usually being the first to amend. There is always, however, loss of power on that side, and inability to adjust the actions of the limbs for fine movements. Athetosis is generally marked. The recovery from the paralysis is usually followed by some degree of shortening in the limb, and though the muscles are not atrophied there is usually a difference in the circumference of the limbs, the arm and leg of the affected side measuring less than their fellows of the opposite side. The sensation in the limb, which may have been affected during the initial stage, is usually perfect. The tendon-reflexes are exaggerated. The limbs retain their usual warmth.

At a variable period it is noticed that the child is late in talking, or fails to talk intelligibly. True epileptiform attacks often develop, and the child grows up *non compos mentis*, or truly epileptic. This constitutes the third stage.

The muscles never exhibit any electrical degeneration reactions, and contraction to the faradic current is perfectly maintained.

With regard to the *etiology* of this disease, it seems so far to be doubtful how much heredity is concerned. Strümpell noted two cases (out of twenty-four) which he ascribed to blows on the head. I think dentition had to do with at least two of my cases. Ranke does not attribute his eleven cases to any particular etiological cause. I have seen one case follow measles. Strümpell has also seen one case after measles and one after scarlet fever.*

With regard to the *age* of the patient, out of Strümpell's twenty-four cases seven were under one year old, eight from one to two years, four from two to three, and five over three years old. One was only four weeks old, and the eldest was six years. Ranke's eleven cases occurred all before the fourth year. My cases occurred, three under one year, one between one and two years old, and one at four years old. Thus out of forty cases, nineteen occurred under three years of

age, thirty-four under four years, and only six over four years of age. The disease is therefore one of early infancy, and thus resembles the spinal form of the disease.

The *initial stage* may last from two to three days to as many weeks, and is ushered in always suddenly, sometimes with extreme severity, sometimes almost without any convulsions at all, the first thing noticed being hemiplegia.

In one of my cases *unconsciousness* was said to have lasted for forty-eight hours. Probably, as Strümpell suggests, many fatal cases of so-called convulsions are due to the severe initial stage of this disease.

Athetosis occurred in seven out of Ranke's eleven cases. I noted it in three of my five cases. These athetotic movements occur probably in the majority of cases, but as Strümpell's remarks are sometimes rendered evident only on movement of the limb.

In four of my five cases the *intellect* was affected. Ranke noted this in three of his eleven cases.

The supervention of *epilepsy* is common.

The *prognosis* as to partial recovery of the affected side is good. Probably there is always some impairment of power and permanent dragging of the foot, and inward turning of the ankle. Where speech is lost at first the prognosis as to recovery must be very guarded. Sometimes it remains unintelligible. Epilepsy must be expected to supervene as the child grows older. Though some cases appear to recover permanently, it is probably the minority, and the prognosis will therefore be very guarded, or even distinctly unfavorable. It must be borne in mind that many of these cases are attended with complete loss of intellect.

With regard to *treatment*, it is probably not often that one is fortunate enough to see the patient at the earliest stage, and there is little to distinguish the case from one of convulsions due to other causes. In a later stage, cod-liver oil and tonic treatment will be indicated. I have found much benefit from the use of the constant current. Where the intellect is hopelessly impaired, moral treatment will be necessary. When not mischievous, most children in this condition have strong imitative faculties, and these can be turned into a useful channel.

A Case of Acute Inversion of the Uterus.

The patient, 22 years of age, was at term with her first child. One morning, without the slightest warning, the membranes gave way. Twenty hours later the os uteri began

*Gaudard (Contrib. à l'étude de l'hémiplégie cérébrale infantile: Thesis, Geneva, 1884), considers congenital syphilis to be a cause.

to dilate, the head presenting with the occiput forwards and to the left. The perineum was very rigid; and delivery was effected, by means of the forceps, of a child weighing nine pounds, without any laceration of the perineum. After attending to the child, compression was exercised on the uterus, but no traction was made on the cord. The woman was directed to bear down, and while so doing Dr. Weeks noticed that the globular form of the uterus gradually became less marked. The placenta came down, but its removal was followed by a fairly copious hæmorrhage. On introducing two fingers to ascertain the cause of the flooding, a large tumor was found occupying the vagina, which turned out to be the uterus in a state of inversion. He then passed the whole hand into the vagina and pressed upon the uterus, reduction being effected in two or three minutes. A dose of ergot was given and the uterus was held in place, ice being applied to the abdomen until contractions set in. On a further examination, a pyriform body could be felt projecting into the vagina, consisting of part of the uterus. By means of compression, etc., the inversion was completely reduced in about half an hour. Recovery took place without any unfavorable symptoms. The case is interesting as tending to show that uterine inversion may take place without (1) abnormally short umbilical cord, (2) traction on the cord, (3) irregular compression of the fundus or too energetic bearing-down efforts, and without (4) undue rapidity of labor. Dr. Weeks is of opinion that the proportion of such cases usually given (1 in 190,000) is in reality far too small. He points out that it appears to occur indifferently in delicate and robust subjects, after slow as well as in rapid labors, and in the practice of skilled attendants as often as when none such is available; finally, that traction of the cord and compression of the fundus are, after all, only exciting causes.

Gastrotomy for the Removal of Foreign Bodies.

In the *Archiv. für Klin. Chir.*, Dr. Credé, of Dresden, reports a case in which he successfully extracted from the stomach of a man, aged 24, a large denture consisting of eight false teeth. This foreign body was removed fifteen days after it had been swallowed, and the patient made a good recovery. Appended to this paper are three tables of cases that have been collected from different sources by the author's assistant, Dr. Koch. The first of these tables contains references to ten cases of gastrotomy for removal of for-

eign bodies, in which the stomach at the time of the operation was not adherent to the anterior wall of the abdomen. In eight of these cases the operation resulted in recovery; a remarkable success, it is pointed out, as four of the cases were treated before the introduction of the antiseptic method into surgical practice. Such result, Credé holds, should induce surgeons to have less hesitation in removing from the stomach, in suitable cases, a foreign body the size and form of which render its spontaneous discharge impossible. In the second table are arranged nine cases, in which the stomach was adherent to the abdominal wall. Of these one only was fatal. The third table contains seven cases, the details of which were not given fully and clearly in the original published reports. Of these, so far as can be made out, one was fatal. Of twenty-six cases in all, in twenty-two the operation proved successful, and in four only was it attended with a fatal result.

The Use of Benzoic and Salicylic Acids in the Treatment of the Typhoid State.

At the meeting on the 25th of June of the Hospital Medical Society of Paris, M. Robin criticised the general antipyretic treatment, and proposed a new method. He asserts that the danger to the patient's life is due to the organism being encumbered with the broken-down incompletely oxidized organic products. These bodies are with difficulty eliminated, because of their slight solubility. To his theory of elimination, M. Robin has given the name of "solution by combination." The principal medicinal agents used are salicylic and benzoic acids, which combine with the nitrogen radicles of the effete tissues and are carried off by the urine. M. Robin first tried the physiological action of benzoic acid and the benzoates of soda on combustion, and gave them to healthy individuals for some days, who were fed on generous diet. The constant effect was a diminution of the solids excreted in the urine. This action M. Robin attributes to the benzoic acid lessening combustion. Afterwards he gave the benzoic acid in five typical cases, and found the amount of urine and contained solids to be increased in each case. The same result was obtained by salicylic acid and its salts. M. Robin makes further experiments with methyl, salicylic acid, etc., which he considers act in a similar manner to salicylic acid. M. Robin thinks in this treatment we have the best way of treating typhoid fever and typhoid states, which he considers are caused by the retention in the

system of incompletely oxydized waste products.

Four Cases of Spurious Hermaphroditism in One Family.

Before the Obstetrical Society of London, Dr. Jno. Phillips gave this family history: Out of nine pregnancies, the fourth, sixth, eighth, and ninth were hermaphrodites. Fright during the third month of pregnancy, in the mother's opinion, caused the first. None of them survived more than a few days, and the author had an opportunity of post-mortem examination. The family antecedents were very carefully gone into, many of them being personally examined. Several defects, such as hernia and the like, had been discovered. A genealogical tree was appended. The author gave a historical view of the whole subject. There appeared two causes at work on the mother's side, in the production of this deformity:

1. The initial fright which she received when pregnant with the first.
2. The continued dread and mental distress which ensued on her bearing a deformed child.

The following conclusions were drawn:

1. A hernial or other weakness present, in one parent, acting as a predisposing cause, any deep maternal impression received about the third month, might induce some impediment to the proper differentiation of the urogenital system.
2. A distinct tendency towards bearing hermaphrodites might be developed in a mother who had already borne one.

Case of Dysidrosis of the Face.

Dr. Jackson states (*Journal of Cutaneous and Venereal Diseases*, No. 1, 1886), that on August 13, 1885, Mrs. K. presented herself at the New York Polyclinic for treatment of a chronic eruption on the face. It occupied the lower half of the forehead, surrounding both orbits, occurring below both eyes, and on the sides and bridge of the nose, and running down on each side of the nose for a short distance on the upper lip. It had the appearance of large and small sago-grains scattered over the affected parts, and consisted entirely of fully distended vesicles with clear contents. The largest vesicle was about the size of a split French pea, the smaller ones were the size of a pin-head. They were generally discrete, though here and there closely crowded together. A few had apparently joined at their edges, and some of them were of a darker shade than the others. Central puncta were visible in

a very few. When pricked, a clear fluid with acid reaction escaped from them. They did not rupture of themselves, and their covers offered considerable resistance to the lancet. The skin otherwise was perfectly normal, and free from any appearance of inflammation. When slightly rubbed with a handkerchief, the skin became easily hyperæmic. There were a few dilated blood-vessels upon the nose.

Two Cases of Reunion of Cut-off Fingers.

In the *Russkaia Meditzina*, Dr. S. D. Ivanoff, of Briansk, furnishes details of two interesting cases occurring in healthy soldiers, one of whom had accidentally cut away, by a stroke of an axe, the second phalanx of his right forefinger, while another had severed in the same way the second phalanx of his left thumb. In the former, the part hewn off was still united to the hand by means of a bridge of skin about two centimetres in breadth, the axe having passed through the first interphalangeal articulation, and chipped off a part of the base of the second phalanx. In the other case, the chopped off part was brought away in a glove; the weapon cut transversely a little above the interphalangeal articulation. In both of the cases the cut was clean, without any crushing of the parts. The first man was seen two hours after the accident; the second, three hours. The wounds were washed with a corrosive sublimate or carbolic solution, and the severed parts were accurately fixed by sutures in their normal situation, after which an iodoform dressing was applied. In both perfect union by the first intention ensued, with return of sensibility and (limited) mobility.

Hereditary Bullous Eruption.

Joseph (*Monatshefte für Prakt. Dermat.*), observed in a woman, aged 37, who was well nourished and strongly built, bullæ and vesicles on the soles, the sides, and backs of the feet; also upon those parts of the trunk which were subjected to pressure by the corset. They were not accompanied with inflammation, and were not painful. They shrank and became dried in a few days. The patient was the subject of no other affection, although urticaria factitia was easily provoked. The interest of the case consists in the fact that two children, boys, of this woman suffered from the same affection. In them it was limited to the feet. In all three, the affection was worse in winter than in summer.

Peptonized Cod Liver Oil and Milk.

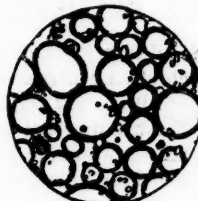
The finest division of oil globules reached in any emulsion or preparation of Cod Liver Oil.



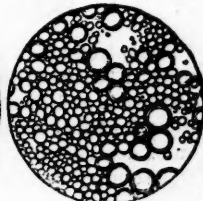
**Peptonized
Cod Liver Oil and Milk**
200 Diameters.



Cow's Milk.
200 Diameters.



*** No. 1.**
200 Diameters.



*** No. 2.**
200 Diameters.

All preparations of Cod Liver Oil but the plain, in the market, are Emulsions in some form, regardless of the names given them. *Their value and easy digestibility over the plain Oil must consist in the division of the oil globules.* Any physician who has a microscope of any power can compare COD LIVER OIL AND MILK with the various preparations of Cod Liver Oil, and he will find that the oil globules of COD LIVER OIL AND MILK are from 10 to 100 times finer than any preparation of Cod Liver Oil in the market, and 25 per cent. finer than in nature's Emulsion, milk. This should be the guide in the use of Cod Liver Oil with every practitioner.

Messrs. REED & CARNRICK, New York City.—Dear Sirs: I have examined your PEPTONIZED COD LIVER OIL AND MILK microscopically, with the following results:

This preparation shows extremely minute oil globules suspended in a clear solution. The mean diameter of these globules is rather less than 0.003 m.m. (about $\frac{1}{30000}$ inch), and the largest are not over 0.006 m.m. (about $\frac{1}{16667}$ inch). For comparison, it may be stated that their average diameter is from one-third to one-half that of the red blood corpuscles. *These photomicrographs show their size as compared to Milk, and Emulsions of Cod Liver Oil in the market. They have all been photographed under exactly the same conditions. In some of the specimens the globules when spread out in a very thin layer, gather in clusters, giving an uneven field, but not affecting their size.*

Very truly yours,
Feb. 26, 1885. JAMES R. DUGGAN, M. D., Ph.D.
Fellow in the Johns Hopkins University, Sec'y Baltimore Micros'l Society.

ANALYSIS OF PEPTONIZED COD LIVER OIL AND MILK, by Prof. ATTFIELD, Ph.D., F.C.S., Etc., author of a Manual of General and Pharmaceutical Chemistry.

I have analyzed PEPTONIZED COD LIVER OIL AND MILK, and find that it is exactly what the maker states it to be. The sample submitted to me has all the properties of a specimen prepared by myself, except that their machinery has produced a more perfect emulsion than my hand labor can effect. Indeed, I find by aid of the microscope, that as regards perfection of emulsion—that is, admixture of a fatty with a non-fatty fluid—the oil in PEPTONIZED COD LIVER OIL AND MILK is in a finer state of division than the butter is in ordinary milk.

(Signed)

JOHN ATTFIELD.

Peptonized Cod Liver Oil and Milk is also combined with Hypophosphites of Lime and Soda.

* Of the preparations of Oil on the market, No. 1 contained the largest, and No. 2 the smallest oil globules next to Peptonized Cod Liver Oil and Milk, in comparison with all the other preparations of Cod Liver Oil in the market.

Samples sent on application, by

REED & CARNRICK,

6 Harrison St., New York.

CARNRICK'S

SOLUBLE FOOD!

Malt Sugar vs. Dextrine.

The introduction of **Soluble Food** during the past summer has convinced us that it will agree with 399 out of 400 children, whereas foods composed of Malt Sugar cause fermentation in the stomach and disagree with a very large percentage. Believing that one of the principal reasons for this great difference was that in **Soluble Food** the starch of the wheat is in the form of dextrine and dextrose, we wrote Prof. DUGGAN (the best authority on fermentation in this country), and received the following:

JOHNS HOPKINS UNIVERSITY, BALTIMORE, MD.

MESSRS. REED & CARNRICK, New York. *Dear Sirs:*—In reply to your inquiry as to whether Dextrine or Malt Sugar is best suited for digestion by children, I must say I think Dextrine is undoubtedly preferable. The two following reasons will, I think, convince any one that this conclusion is well founded—In the first place, Dextrine will not undergo alcoholic or acid fermentation, as will Malt Sugar and other forms of sugar. It is well known that children are apt to have acidity of the stomach after eating "sweet things;" this is of course due to the fermentation of the sugar in the stomach. In addition to this, Pavy has recently shown (*London Lancet*, 1885,) that carbohydrates are converted in the alimentary canal into Dextrine or a similar substance that has no reducing action on Fehling's solution. From this it would appear that Dextrine is, of all the carbohydrates, the most nearly ready for absorption by the system. The success that has recently attended the use of Dextrine in dyspepsia gives strength to this view. Very respectfully, J. R. DUGGAN, M. D., Ph. D.

The milk used in SOLUBLE FOOD is so treated that no poisonous ferments, such as Tyrotozicon, can be germinated. The milk is received directly from the cow, placed in a refrigerator, and rapidly reduced to 40° F. It is then immediately drawn into a vacuum pan and partially digested with pancreatine, thus rendering the casein as soluble as the casein of human milk, after which all the water is eliminated but about 4 per cent.

SOLUBLE FOOD contains 50 per cent. of the finest quality of wheat. The flour is first baked into crackers, then powdered and kept at a temperature of 350° F. for eight hours. This process converts the starch into Dextrine and renders the gluten easy of digestion, which is the only form in which the cereals should be given to children.

Dextrine not only cannot ferment, but further has the property of stimulating the digestion.

Foods containing malt sugar should not be used for children, for they are apt to produce fermentation as cane sugar.

The starch in any article of food must be converted into malt sugar before alcoholic or acetic fermentation can take place, and consequently foods taken in the form of malt sugar are very apt to ferment before normal assimilation can take place. This is undoubtedly the reason that preparations composed of malt sugar disagree with such a large percentage of children, while Soluble Food agrees with children almost universally. It contains from 50 to 100 % more nitrogenous and bone-forming matter, than any other Infants' Food in the market, and is consequently less expensive to use.

Samples sent post-free on application, by

REED & CARNRICK,

NEW YORK.

In corresponding with Advertisers, please mention THE MEDICAL AND SURGICAL REPORTER.

Is Medicine a Progressive Science?

The *Med. Press* says that under this title Dr. Morell Mackenzie has contributed an article to the *Fortnightly Review*, in which he favors the lay public with his views on the progress or otherwise of medicine as an art. The object of his article is apparently to show that the practice of medicine is frequently merely a matter of whim or theory, and that *bona-fide* improvements are in the main attributable, not so much to ingenuity or research on the part of the followers of Æsculapius, as to the inventive faculty of students of the allied sciences. As instances of this, the microscope, laryngoscope, etc., are mentioned. Surely, however, some credit is due to the profession for having utilized the increased facilities placed at its disposal—facilities which, so far as the laryngoscope and similar instruments are concerned, are not by any means of recent date, since the principle upon which they are constructed is as old as the hills. Doctors have as much right to claim credit for applying the microscope to diagnostic and physiological purposes, as has the painter who employs colors in the production of a picture. It is scarcely to be expected that doctors actually engaged in practice shall find time for close and tedious investigations in the collateral sciences, any more than a soldier in the thick of the combat can formulate a plan of attack. The workers have, however, in no small number of instances, been medical men whose means and tastes have allowed them to leave the beaten track and so contribute to the advancement of science by original researches.

Dr. Mackenzie is good enough to admit that some progress has been effected in matters therapeutical. He considers that "less physic is given, but it is prescribed with a clearer purpose." We must be thankful for small mercies, but even here we are inclined to ask to whom we should be grateful for the change? Is it not to physiologists, for the most part medical men, that we owe whatever we do know as to the precise action of the drugs we use? and do clinical observation and experience go for nothing in determining how, when, and under what circumstances particular agents are to be employed? On the whole it seems scarcely just to divide the laurels of the profession between the instrument makers and the chemists. They are useful, nay indispensable handmaids, but nothing more.

The varying nature of the conditions under which the medical man is called upon to intervene, renders his advances precarious, and this is doubtless accentuated by the in-

nate tendency of most men to be satisfied with what they know, to the exclusion of further research.

If habits and customs maintain in the conduct of members of the profession *vis-à-vis* the public which might, so far as any benefit to patients is concerned, be advantageously relegated to the limbo where so many other antiquated customs lie mouldering, their persistence is largely in deference to popular prejudice. The sentiment which obliges the medical man to don the tall hat and semi-clerical attire, expects and requires to be treated by pills and potions, purges and plasters, on the lines laid down by past generations of practitioners. The advance of knowledge, however, enables the modern Æsculapius to attenuate what might otherwise be undesirable results by the substitution of anodyne remedies for the more heroic measures of our forefathers.

Successful Gastrostomy.

William Square, F. R. C. S., reports this case in the *Brit. Med. Jour.*:

J. W., aged sixty-two, a monthly nurse, was admitted on April 10, 1885. For some months, she had had progressive difficulty in swallowing. About a week before admission, she came to an absolute stop. Her history was good. Some blood in the vomit, and increasing tenderness, prevented the passage of any tube. Without operative interference, it was evident that she must die very soon.

On May 1, 1885, the first part of the operation of gastrostomy was performed after the usual custom. The stomach was easily found, and silver sutures were used. Nutrient enemata consisting of beef-tea and brandy, with some tincture of opium, were given every four hours.

On May 3, the stomach was opened with a Gräfe's cataract-knife. A soft India-rubber tube was introduced, being retained in place by a suture passed through it; one ounce of peptonized milk was given every two hours by the tube; in addition, one enema was given every five hours.

On May 9, peptonized strong beef-tea (two ounces) was given every three hours by the tube. The temperature was always normal, and there were no symptoms after operation but slight retching for two days. She was discharged on May 23, 1885.

On April 6, 1886, she looked almost as well as ever. She had traveled to Brighton and back, and, by the courtesy of the guard, fed herself *en route* in a separate compart-

ment. She always lay down to feed. There had been an interval of one month, during which she could swallow as well as ever, even hard meat and crusts. During all this month, however, she vomited mucus and blood until the capability of swallowing ceased.

She was in the habit of making her day's food each morning—a large basinful of beef-tea, bread, and milk. She injected as much as she wanted when hungry. Her meal-times corresponded with those of the family. Her mouth watered before. The only thing that she could taste injected was whisky. It had the usual alcoholic effects. She appeared very well, and it seemed that the diagnosis of carcinoma might be wrong.

On April 14, 1886, she was taken suddenly ill with vomiting, and a condition of semi-collapse. A large amount of green, highly-offensive pus was discharged by the side of the tube. She slightly recovered, but, up to the time of her death, took in but little, and was constantly sick. The green pus was always exuding, more or less, by the side of the tube. She became gradually worse, and sank on April 25, 1886.

Remarks by Mr. Square.—At the necropsy, the whole of the lower part of the œsophagus was one enormous ulcer; but there was no thickening nor suspicion of cancer. The whole mucous membrane was simply destroyed. It was very offensive. The mucous membrane of the stomach was not healthy, but had nothing very remarkable about it. The orifice of the hole was very peculiar. I had expected to see it valvular, or dilated into a funnel; but it was no larger inside than out, being perfectly circular, and about the size of a No. 16 catheter. There was a little left pleurisy, but nothing else to record. I think we may say that the poor woman had one year of happy life, without ache or pain; and hence I am justified in calling this a case of "successful gastrostomy."

Case of Severe Gun-shot Injury of the Wrist-joint and Fingers; Treated after the Conservative Method.

Dr. Evgeny M. Vostrikoff, of Stavropol, details (*Proceedings of the Stavropol Medical Society*) the case of a peasant, aged 28, who was admitted with a wound of the left hand, which had been caused seven days before by his gun bursting at its breech part while he was shooting at a wolf. On examination, the thumb and the ring and little fingers were found to be torn from the adjoining

metacarpal bones, and in a sloughy condition. Their metacarpo-carpal joints were laid bare, their soft parts crushed and hurt, and altogether transformed into "something like gruel." The wounds were dirty and offensive; the integuments of the wrist and lower part of the forearm were tense, red, and hot; and the whole extremity up to the middle third of the arm was swollen. The man suffered from fever (102.4° F.), rigors, giddiness, pain in the injured limb, and general weakness. The author resolved to preserve for the patient the use of his hand (that is, the use of his intact middle finger and forefinger), and accordingly removed only the dead fingers and thumb by cutting through the wrist-joint. The anterior articular surface of the trapezium, as well as the surgical wound in general, remained bare, since there was no sound skin left to cover the parts. The wound was washed out with a 0.2 per cent. solution of corrosive sublimate, and dressed with gauze soaked in an 0.1 per cent. solution of the drug. About a week later an abscess was detected on the lower third of the forearm; it was opened and drained. About three months later the patient was shown to the Stavropol Medical Society with all his wounds healed; the movements in the wrist-joint and preserved fingers were yet limited, but at all events retained to give a more or less useful limb. Dr. Vostrikoff mentions three other cases of severe injuries, where he has successfully followed conservative principles instead of performing amputation. In one of the patients there was a perforating bullet-wound of the shoulder-joint. He recovered with but trifling limitation of movements. Another had a compound comminuted fracture of the leg; about fifteen splinters were removed through the wound; complete union took place in three months, the limb being shortened only about half an inch. In a third case, the toes and metatarsus were crushed by a wheel of a railway carriage; the injured parts fell away spontaneously, leaving a good stump in two and a half months. Dr. Vostrikoff's case induced Dr. P. S. Korniaevsky to relate a case of his own (*l. c.*, No. 9, 1885, pp. 8-10). A boy, aged 8, received a clean cut into his right thumb with a large kitchen-knife, the wound occupying the dorsal half of the thumb, and so penetrating into the interphalangeal articulation as to leave it completely open. Under a dressing consisting of English adhesive plaster and iodoform gauze, the parts united by the first intention, the thumb preserving all its movements to their normal extent.

Ingluvin.

It has been a favorite saying among the more distinguished of our profession, that there are a few essential drugs without which the practice of medicine would be impossible, and that when we have selected these few, the great multitude of articles in our materia medica are comparatively useless. This is a very true idea. With calomel, opium, castor oil, quinine, mercury, and a few such standard drugs, the physician is usually equipped to meet all emergencies. Almost weekly some new drug is brought to our notice, but in many instances, after trial, it is found either inferior to, or no better than, those which we already have, and its use is dispensed with. But it does sometimes happen that we are offered an article of such undoubted merit that it is warranted in taking rank with the *standard* articles of our materia medica. Such an article is *ingluvin*. (*Ingluvin* is a refined substance prepared from the *ventriculus callosus gallinaceus*, the gizzard of the domestic fowl, *gans domesticus*.) It is the essential principle of the gizzard, and bears the same relation to poultry that pepsin does to the higher animals.

A favorite prescription of Chinese physicians for chronic indigestion is to cut up and digest chicken gizzards in hot water until they are reduced to a pulp, and then add some spices. A tablespoonful or two of the resulting paste is taken at each meal until the patient has entirely recovered. From China the practice passed to other parts of Asia, and was adopted here and there among the Mediterranean peoples. Strange to say, it was never learned by the great nations of Europe until the latter part of the present century.

The diseases in which the use of *ingluvin* is indicated are indigestion in its various forms, known as *dyspepsia*, and for sick stomach or nausea caused by debility of that organ. It was originally discovered to be a remedy, indeed a specific, for vomiting in pregnancy; in this respect it stands above all other medicinal agents. In all that is here set forth the manufacturers claim no more than is sustained by medical authority of the highest standard.

In *ingluvin*, the physician has what might be called a specific for a sickness which in many cases has hitherto been uncontrollable.

Ingluvin is a powder of a yellowish-gray color, and may be prescribed in the same manner, dose, and combinations as pepsin, three to ten grains. The pulverulent form is considered more desirable, and it can be

administered either dry or in water, milk, or tea. In sickness in gestation, the dose may be increased to ten or twenty grains.

The following will make a nice formula in which to prescribe it for the vomiting of pregnancy. It was thus used successfully by Dr. George F. Meeser, of this city:

R. *Ingluvin*, 3 i.
Bismuth snit., 3 ss.
M. Div. in chart xii.
Sig.—One every 3 hours.

Oxalate of cerium may be prescribed with it, one to three grains to each dose.

Dr. Shelly recommends the following formulae for diarrhoea, cholera infantum, and marasmus:

INFANT FORMULA.

R. *Ingluvin*, gr. xij.
Sacch. lac., gr. x.
Misce et ft. cht. No. x.
Sig.—One every 4 hours.

R. *Aque calcis*, f 3 ij.
Spts. lavand. comp., aa
Syr. rhei arom., f 3 j.
Tr. opii, gt. x.
Misce. Sig.—A teaspoonful every 2 to 4 hours.

FOR ADULTS.

R. *Ingluvin*, 3 j.
Morphiæ sulph., gr. jss.
Misce et ft. cht. No. xii.
Sig.—One every 4 to 6 hours.

R. *Aque calcis*, f 3 ijs.
Spts. lavand. comp., f 3 ss.
Syr. rhei arom., f 3 vj.
Tr. opii, f 3 ss.
Misce. Sig.—Dessertspoonful every 2 to 4 hours, or after each evacuation.

The substance *ingluvin* without any combination has also yielded almost constantly satisfactory results.

Dr. Roberts Bartholow, who probably stands to-day as the greatest authority on materia medica in this country, speaking of *ingluvin*, says:

"*Ingluvin* has the remarkable property of arresting certain kinds of vomiting—notably the *vomiting of pregnancy*. It is a stomachic tonic, and relieves *indigestion*, *flatulence*, and *dyspepsia*.

"The author's experience is confirmatory of the statements which have been put forth regarding the exceptional power of this agent to arrest the vomiting of pregnancy. It can be administered in inflammatory conditions of the mucous membrane, as it has no irritant effect. Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be administered after meals. When the object is to arrest the vomiting of pregnancy, it should be given before meals."

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

A Text Book of Operative Surgery and Surgical Anatomy. By Arthur Trehern Norton, F. R. C. S., etc. Based on the original work of Professors Claude Bernard and Ch. Huette. Second edition. Illustrated by 88 plates drawn from nature and engraved on steel, and many woodcuts. Bailliere & Co., London and Paris, 1886. (Philadelphia, for sale by D. G. Brinton.) Large 8vo. colored plates. Half Russia. Price \$12.50 (by mail, post-paid and registered).

Probably no surgical work was ever offered to the medical public with finer engravings, both as regards technical execution and anatomical accuracy, than Bernard and Huette's *Chirurgie Operatoire*. The present volume, based upon that celebrated production, makes use of many of the same plates, and adds others not less carefully prepared, together with many woodcuts.

The text has been entirely re-written under the supervision of the eminent English surgeon, Mr. Norton, with the assistance of a number of distinguished London specialists. By their aid, it has been extended to include all surgical operations of standard value and approved by the best living authorities. Thus, besides the general operations which every surgeon and every physician must be prepared to perform, if he would meet the usual emergencies of professional life, the work gives full details, always elaborately illustrated, of the operative surgery of special branches. The chapter on Ophthalmic Surgery has been prepared by Mr. Silcock; that on Diseases of Women, by Drs. Handfield Jones and Wiltshire; that on Aural Surgery, by Mr. Field; and other equally well-known British specialists have contributed chapters on Lithotomy, Osteotomy, and Renal Operations. In this manner, this work may be considered a compendium of the whole domain of operative surgery in its most recent and authoritative expression.

The descriptions of the operations are clear and practical. The anatomy of the parts is first explained, and the relations of the adjacent vessels and tissues carefully set forth; then follow the steps of the operation, minutely detailed one by one, with the variations in it which may be advantageous under special conditions, as anomalies, etc. The steel plate illustrations which accompany each description are colored after life with

scrupulous fidelity, and bring the steps of the procedure to the knowledge of the reader almost as completely as a dissection itself.

A Text-book of Naked-eye Anatomy. By James Cantle, M. A., M. B., F. R. C. S., etc. Third edition. Illustrated with 113 Plates, engraved on steel after designs by Prof. Masse. Bailliere & Co., London & Paris, 1886. (Philadelphia: for sale by D. G. Brinton.) Large 8vo. colored plates. Half Russia. Price, \$12.50 (by mail, post-paid and registered.)

The colored steel plates of Professor Masse are unique of their kind, faithfully executed, and afford the best means of obtaining an exact knowledge of anatomy, or keeping that knowledge fresh in memory, short of actual dissections. Without some such work as this, the physician who does not or cannot frequent the dissecting room will infallibly lose the precision of his anatomical facts, and with that a good deal of his certainty in diagnosis and confidence in his operations. As anatomy is the foundation of all medical and surgical proficiency, it is the first duty as well as the most direct interest of every physician to keep clearly in his mind the macroscopical or naked-eye anatomy of the body. To accomplish this, there is no other way open to him than by frequent consultation of such a work as the one before us. It covers the whole of the economy, beginning with the bones, and proceeding to the muscles, glands, nerves, vascular system, genital organs, organs of special sense, etc.

All of these are illustrated by carefully colored full-page steel plates, 113 in number, many of which contain four or five separate figures. The relations of the parts are shown by different hues and shadings, so that at a glance one perceives the various tissues and their positions. The extreme delicacy of the technical work on these line engravings renders them models of artistic execution, and their accuracy places them in the first rank of anatomical illustrations.

The descriptions in the text are succinct and lucid. Constant reference is had to the figures and to the numbers designating the separate parts. The English names are employed in preference to the Latin wherever the custom of the age permits it, and this we agree is a sign of advance. The anatomy of special organs is treated with unusual fullness, and the aim of the author is constantly to avoid useless details, and to convey in the most direct manner possible the information essential to the student and practitioner.

THE Medical and Surgical Reporter.

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D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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PRACTICAL MEDICAL JOURNALISM.

By *practical medical journalism* we mean such journalism as is calculated to be of *practical* use to the *practical* physician in the every-day practice of his profession. In this great country of nearly 60,000,000 of people and more than 80,000 physicians, there is to be found, as we might expect, a large number of medical journals, varying in the way in which they are conducted, in order that they may suit the particular class of physicians for whom they are intended. Notably we have two extremes. First, we have the large weeklies, full of long-winded, deep, scientific articles, that are of comparatively little *practical* value, since it is necessary to wade through many pages of matter that possess very little interest for the busy physician, and consume his valuable time in order that what little of value is therein contained may be extracted. No one can call such a journal *practical*, however valuable it may be to the man who has the time and inclination to acquaint himself with the literature of medicine.

Secondly, we have the cheap monthlies, whose cheapness is their chief recommendation. We had better say *low price*, rather than *cheapness*, for in medical journals as in any other articles of merchandise that which is low-priced is not always cheap. As a rule (of course there are exceptions) these low-priced monthlies are worth all that is asked for them; but if a man imagines that he will get for one dollar a year all the journalistic aid that he requires in the practice of his profession, we fear that his estimate of what is required of our noble calling must be a very inferior one.

Then we come to the "happy medium class," and it is in this category that we have always endeavored to keep the **REPORTER**, during the *thirty-three years* of its existence. Our idea of a journal for the busy physician is that it should be so conducted as to assist him to recognize the nature of a disease or an injury when it confronts him, and tell him how to restore his patient to health, and to do this with as much conciseness and brevity as is consistent with a clear understanding of the subject. That the *practical* physician also entertains this same view of *practical* journalism, is amply evidenced by the fact that the **REPORTER** always has been, and is, recognized as the journal of the mass of the profession, of the busy, practical physician. We have no use for, and do not publish long-winded, wordy articles. Whenever a Society or Hospital Report from any part of the world is *practical*, we publish it. In

our Periscope and Notes and Comments we briefly and concisely record all that is worth knowing. We editorially discuss the questions of the day, and in our department of "Queries and Replies," we afford the subscriber the opportunity to procure any desired information. In a word, we think that we publish the most useful and most practical medical journal in the United States. If there are any physicians who differ with us, we would like to have their views on the subject.

TREATMENT OF CATARRHAL ICTERUS.

Catarrhal jaundice is a disease which presents so many various degrees of severity that it is difficult to determine the value of any kind of treatment without knowing the type of catarrhal inflammation of the bile ducts with which one has to do.

In our experience there are three main varieties of this disease—one, which invariably brings about a fatal issue when the ducts finally close up; then the opposite, a form so mild that often within a week all indications of jaundice have disappeared, and with them the malady itself; and, finally, a slow, sneaking type, which drags on for weeks and months, and which—if uncomplicated—always ends favorably, but which often seems to be the forerunner of graver lesions, that after a year or two cause the death of the individual.

It is especially with this last variety that we have here to do. Here the treatment is often very unsatisfactory, and there are many cases where all our procedures seem to be followed by no benefit to the patient. In Napheys' Therapeutics, Engel recommends a method which makes use mainly of the function of the kidneys to eliminate the bile, and which as a rule probably is the most successful treatment in the general run of cases. But though improvement under it always sets in, we meet with cases here and there where the disease nevertheless drags on for weeks and months.

Dr. H. Löwenthal in the *Berl. Klin. Woch.*, 1886, No. 9, recommends Krull's irrigations in just these slow cases, and from his report we judge that this method offers advantages possessed by no other. Krull's procedure is as follows: The patient daily receives an injection of cold water per anum, about one or two quarts of the fluid generally being sufficient.

Löwenthal treated 41 cases of catarrhal jaundice by this method. In all cases (with the single exception of one where the obser-

vation could not be carried to the end on account of the patient's not returning) rapid and favorable results were obtained. In children the quantity injected each time amounted to one litre (about 1 pint); in adults, from 1 to 2. The temperature of the water was as follows: First day, 12–13° R.; second day, 15–16° R.; third day, 18; Fourth and eventually following days, 18–24° R. Generally after the third injection the stools assumed a yellowish tint, and after the fourth they were invariably brown. After the second and third injection appetite returned, and the feeling of discomfort and lassitude disappeared. All other phenomena ceased as rapidly.

The treatment is so simple that it well merits a general trial. Its mode of action may be thus explained. In catarrhal icterus there is an increased quantity of blood in the upper part of the duodenum; if large quantities of cold water are injected per anum, a revolution takes place in the intestinal circulation, and this is ultimately followed by hyperemia of the rectum, thus bringing about for the time being anæmia of just those parts that have too much blood. To it must be added the peculiar revulsive action of cold water, probably induced by the effect which it has on the splanchnic nerves.

NOTES AND COMMENTS.

The Alleged Poisonous Properties of the Common Parsnip.

Two of the contributions from the department of pharmacy in the University of Wisconsin (*Pharm. Jour.*) are devoted to the subject of the alleged poisonous properties of the root of the common parsnip (*pastinaca sativa*), when growing wild. It appears to be a popular belief in some parts of the United States that if the edible roots of the cultivated parsnip remain three years in the ground they revert to the wild form, and then possess poisonous properties. Mr. J. T. Bennett failed, however, to separate from wild roots any principle that produced poisonous symptoms when administered to the lower animals, and Mr. Wells gives direct testimony that he has eaten, both cooked and raw, roots from a parsnip patch that has been allowed to run wild for probably half a century. It is concluded, therefore, that the frequently-reported cases of poisoning by wild parsnip root ought to be attributed to one or other of the umbelliferous roots re-

sembling it, which are known to possess poisonous properties.

Suppurating Venereal Bubo; with Remarks on a Method of Subcutaneous Treatment, and Report of Cases.

Twenty-one successful cases entitles the treatment which Dr. Scott Helm reports in the *Chicago Med. Jour.* for September to further trial.

"The parts are thoroughly cleansed; the ether spray is used for the purpose of local anesthesia; then the canula, attached to the stop-cock section and mounted on the trocar, is inserted into the centre of the abscess; the trocar is withdrawn and the stop-cock turned in order to prevent the introduction of air. The barrel is then attached at its sliding-joint and the pus withdrawn and the quantity noted. The barrel is then carefully washed and a two per cent. solution of carbolic acid injected and the cavity thus washed out. After this has been withdrawn the iodol or iodoform, suspended in the oleic acid, is injected, in like quantity to the amount of pus evacuated, after which the needle is withdrawn and the point of entrance, after being carefully dried, is coated with a film of collodion, and a compress and bandage applied over all."

Remarkable Injury of the Finger.

M. Thomas, of Tours, has described to the Paris Society of Surgeons a remarkable injury of the third finger which has come under his notice. One of his patients, going home late without his key, wished to climb an iron railing with sharp-pointed tops. When dropping down, he felt himself retained by his third finger, which gave way at last; and, going into his room, he found that his finger was completely stripped of its integuments. A medical man, called at once, found the finger caught on the railing by a ring. The finger appeared complete, but was without the bone. M. Thomas was called an hour after, and reintroduced the bone into the finger. He applied two sutures, and bandaged the hand. The extremity of the finger became gangrenous. However, the patient had from this attempt the benefit of preserving nearly a phalanx and a half of his finger. M. Thomas has not found any such case on record.

Native Plants Injurious to the Skin.

The object of the paper which Dr. James C. White presented to the American Derma-

tological Association was to show that the number of plants growing native and cultivated in the United States, which are capable of exciting some degree of dermatitis by contact is much larger than is generally supposed, and that cases of such inflammation of the skin not infrequently occur without being understood, because the patient has not been exposed to the two or three plants which alone are considered to be poisonous. He enumerated over fifty species which have irritating properties when brought in contact with the skin. With reference to rhus poisoning, the speaker said that the rhus toxicodendron was comparatively innocuous, while the rhus venenata was the most poisonous species of this plant. The treatment is the ordinary treatment of dermatitis. There is no specific for this form of dermatitis.

Treatment of Acute Gonorrhœa.

In the *Medical Age* Dr. W. M. Casey says that about November 10, 1885, a mechanic, aged 26 years, came to him with acute gonorrhœa. He prescribed at intervals different remedies for injection common to the ordinary treatments, but they did not have much control over the discharge.

At the end of four weeks he became worried, the patient being of good family and "good pay." It occurred to him that normal liquid ergot might serve a good purpose, and he prescribed as an injection normal liquid ergot (P., D. & Co.'s), one part; water, six parts.

This was on December 12, 1885. On December 22d, he returned representing marked improvement. The discharge had almost ceased. At this time he repeated the formula. This sufficed to complete the cure, for January 5th he called to pay his bill, stating that he was well. In all he had used only 5.3ij of the normal ergot, diluted as stated.

Aconitine as an Anæsthetic in Diseases of the Eye.

Dr. Pierd'hovy, of Milan, (*Recueil d'Ophthalmologie* 5, 1886,) has made some experiments with the salts of aconitine, including the oleate, the hydrochlorate, and the valerianate, with the view of substituting them for cocaine. The solutions used were of the strength of 1 per cent., and two or three drops were instilled into the eye. He found that in the course of two or three minutes anæsthesia as complete as that produced by cocaine was induced. It does not seem, however, that in

this form the salts of aconitine can be used as substitutes for cocaine, since after the lapse of a short period the conjunctiva becomes congested, and heat and pain are complained of, which extend to the cheek and to the lips of the same side, and there is sometimes lachrymation. The anæsthesia lasts for twenty or thirty minutes, and disappears, together with the pain, in the course of an hour or two. The pupil at first contracts, then slightly dilates, and finally resumes its normal diameter.

A Solvent for Sordes in Ataxic Fevers.

Dr. A. D. MacGregor, of Kirkcaldy, speaks highly of boric acid as a topical application in the unhealthy condition in which we frequently find the mouth, tongue, and teeth in severe cases of typhoid fever (*Brit. Med. Jour.*, July 10, 1886). He says:

"The mouth is hot; the lips dry, cracked, and glued to the sordes-covered teeth by inspissated mucus and saliva; the tongue dry, or even glazed and hard, brown or black, and crusted with a fœtid fur. Under these circumstances, a pigment containing boric acid (thirty grains), chlorate of potassium (twenty grains), lemon juice (five fluid drachms), and glycerine (three fluid drachms), yields very comforting results. When the teeth are well rubbed with this, the sordes quickly and easily become detached; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria, the chlorate of potassium cools and soothes the mucous membrane, the glycerine and lemon juice moisten the parts and aid the salivary secretion."

Salol.

This new compound, introduced by Mencký, is a derivative of salicylic acid, one atom of hydrogen of which has been replaced by the phenol group (*Pharmaceutical Jour.*). Possessing antipyretic and antiseptic properties, it is hoped that it may prove of service in cases in which the salicylate of soda is badly borne. Its physical characters are those of a white powder of faintly aromatic odor, almost insoluble in water, and perfectly tasteless. In the organism the compound becomes split up into the salicyl and phenol elements; both may be detected in the urine, which becomes very dark, as happens after the ingestion of carbolic acid, of which salol contains thirty-eight per cent. The splitting of the compound is believed to take place in the duodenum, under the influence of the pancreatic digestion. It is remarkable that no

toxic symptoms appear to have resulted from the employment of salol.

Treatment of Painful Chronic Cystitis.

The following suggestion for painful chronic cystitis has been found to be very efficacious: Crystallized nitrate of silver, one gramme; distilled water, fifty grammes. This is injected in cases of painful chronic cystitis. After the patient has passed urine, an explorator, with a perforated bougie, No. 12 to 14, is introduced until the urethral sphincter is reached, and from twenty to forty drops of the solution are injected. The necessary number of injections, and the time which should elapse between administering them, varies. If the patient has only suffered three or four hours after the first injection, it is repeated every other day; but, if the pain continue for one or two days, it is better only to administer an instillation once or twice a week, and to decrease the number of drops. This remedy succeeds very well in cystitis of a gonorrhœal origin, but should not be used in cases of cancer, or tuberculosis of the bladder.

Intestinal Obstruction from an Unusual Cause.

Dr. E. T. Gould, of Sonora, Cal., writes to the *Med. Record* that he was called on the morning of June 27 in consultation upon a case of obstruction of the bowels occurring in a patient fifty-eight years old. Laparotomy was advised, but as the attending physician did not concur in this, it was decided to use morphine hypodermatically in sufficient doses and with sufficient frequency to produce entire freedom from pain for forty-eight hours, and then to give a full dose of castor-oil. The treatment was ineffectual, and death occurred on June 30. Five hours later the autopsy was made. The cause of the obstruction was found to be strangulation of four feet of the ileum by a loop of diverticulum. The diverticulum, an inch and a half in length, was from the ileum, and its tip had become adherent to the bowel as a result of previous inflammation. It was located three feet from the ileo-cæcal junction.

Hyperpyrexia and Rapid Development of Pneumonia.

A highly interesting case has recently been observed at the Western Fever Hospital at Fulham (England). A woman, æt. 27, was admitted at midday, on September 13, with profuse scarlatinal desquamation over the

entire surface of the body. Her temperature on admission was 101.4° , and she complained of no pain. However, at 6 p. m. her temperature was 106° , and a few fine crepitations were detected at the right base. At 10:40 p. m. she was violently delirious, and became rapidly unconscious, dying at 11:15 p. m. A quarter of an hour before death her temperature rose to 110.4° , and loud mucous râles were heard. At the autopsy there were found some slight recent pleurisy, extensive œdema, and marked early red hepatization of both bases, but especially the right.

The Surgical Treatment of Hepatic Abscess.

It has become a surgical axiom that the earlier an abscess is evacuated the better. But in the literature the opinion seems to predominate that these abscesses are an exception, and some authors even go so far as to advise non-interference. "With our present knowledge of antiseptic surgery," says Dr. L. L. McArthur (*Chicago Med. Jour.* for September), "I believe a diagnosable abscess of the liver can be opened without increasing the patient's danger, either by Volkmann's or Grave's method. Certainly the plan of 'laissez faire,' of 'letting nature take its course,' ought to be given up, and dependence not be placed simply upon the routine treatment by tonics, stimulants, and anodynes."

Poisoning by Squills.

Squills and tolu are household remedies, and when baby has a cough he is dosed with them. But Dr. E. B. Truman reports several cases of fatal poisoning by squills in the *Lancet* (September 4), and he concludes:

1. That squills is not a safe drug to use for routine, and especially popular or lay practice.
2. That being so variable, and when strong so potent a drug, it should be looked upon by the profession as unsuitable for use until a solution of standard strength can be produced.
3. That in the meanwhile its use should be discontinued.

Phosphorus in Intermittent Fever.

A Russian provincial practitioner, Dr. Sochinski, states that during a rural practice of five years he has found phosphorus a valuable remedy in intermittent fever. He prescribes the oleum phosphoratum in the form of emulsion, a drachm in six ounces, of which a tablespoonful is given three times a day.

This, he says, never produces unpleasant effects, and is, in his experience, superior to tincture of iodine, tincture of eucalyptus, and even to arsenic, cinchonine, and resorcine, though scarcely equal to quinine or carbolic acid and corrosive sublimate. It is, however, a simple and a very convenient remedy for out-patients in dispensary or parochial practice.

Scrofulous Tumors.

The Paris correspondent of the *London Med. Press* tells us that M. Besnier recommends that in the treatment of those soft scrofulous tumors of the neck so often witnessed; and which generally when left to themselves, or treated by incision, leave such ugly scars, an effort should be made to prevent suppuration, or at least the issue of the matter. He, himself, has obtained the most happy results from a solution of iodoform (3ss to ʒiiss of ether). The immediate effect is pain rather sharp, and then swelling, but soon the tumor diminishes progressively, and finally disappears, leaving in its place a little hard nodule.

Paralysis Agitans without Shaking.

Dr. Beevor related several cases of paralysis agitans without tremor, in a paper read before the Medical Society of London. In these cases, fixed attitude, rigidity of the neck, with difficulty in looking up, expressionless countenance, slow delayed movements, difficulty in rising from the sitting posture, monotonous and mumbling speech, were present. The writing in nearly all the cases was wavy; retropulsion, apr propulsion was frequently present. Charcot, Buzzard, and Gowers have published cases of this kind. It seems possible for paralysis agitans to run its course without any tremor being present.

Paralysis after Tonsillitis.

Dr. Prévost mentions in the *Archives Médicales Belges*, an exceptional case of paralysis of the arm following tonsillitis. An officer had a sharp attack of tonsillitis, so that scarification was necessary, but there was no exudation which might suggest diphtheria. The affection had been cured for some time, and no trace of it remained, when the patient complained of weakness in the right arm, which increased by degrees, and resulted in paralysis. After trying various remedies, the patient was cured, and no trace remained of the paralysis.

Pharyngeal Catarrh and Pepsin.

Dr. J. Fisher, of Berlin, had a patient suffering with chronic pharyngeal catarrh (*Berl. kl. Woch.*, 49-86). Various local and internal remedies were tried in vain, until finally, the patient complaining of some transient gastric disturbance, caused by too luxurious a meal, the doctor advised him to take five grains of Jensen's pepsin, which, by the way, is also recognized in Germany as the best pepsin in the market, immediately after each meal. The patient, who from the frequent medication had become averse to medicine, took the pepsin pure, one-half grain of aromatic powder being added to five grains of Jensen's pepsin, simply to preserve the latter in its dry state. The effect was remarkable. Not only the stomach improved, but after three days' use the pharyngeal catarrh also showed decided amelioration. Dr. F. then administered the pepsin in still larger doses, ten grains each, and two weeks later the catarrh had disappeared. The same remedy was afterwards tried in four more cases and with the same result, but other pepsin preparations failed.

There is one symptom that seems always to yield readily to Jensen's pepsin, viz., the peculiar dryness, of which patients suffering from chronic pharyngeal catarrh are so apt to complain. The remedy ought to be taken in its pure state, only a moderate dose of aromatic powder being added to keep it dry, and it should be allowed slowly to dissolve in the mouth.

Cauquoïn's Paste.

This paste, much praised for its removal of cancerous growths, particularly those of the lip, is composed of chloride of zinc, eight parts; oxide of zinc, one part; flour, dried at a high heat, seven parts; cold water, one part. The directions for its preparation are to dissolve the chloride of zinc in the water, and, having added the oxide of zinc and the flour, rub the mass in a mortar. This compound must be used with some caution, as death has been reported from its injudicious use.

Suture of Widely Divided Nerves.

Dr. Assaky presented a thesis on this subject to the Paris Biological Society. The doctor advises that the central end be joined to the peripheral end by means of catgut sutures. Excellent results follow, even if no close approximation is possible; when the loss of substance is great. Experiments show that suture promotes and hastens regenera-

tion. The cicatrix along the track of the sutures is found richer in nerve fibre than where no sutures are used.

Combinations of Lanoline.

O. Philipp has stated the result of his experiments as to the best modes of prescribing lanoline. With soft fats, fatty oils, and oily substances, such as *pix liquida*, *ol. cadini*, oil of turpentine, and *ichthyol*, lanoline mixes easily. Hard substances, as *cetaceum*, must first be melted, and then the lanoline stirred into the melted mass. Overheating of the lanoline must be avoided, otherwise the water separates from the cholesterolin fat.

Treatment of Trichinosis.

In several cases of trichinosis in man, Fiédler has been successful in effecting a cure by the administration of one tablespoonful of pure glycerin every hour in grave cases; in less pronounced cases he advises a smaller dose hourly, as large quantities of glycerin may produce hemoglobinuria and other toxic symptoms. It may also be given per rectum. German journals are very emphatic in declaring this agent a cure for the dreaded trichinosis.

Naphthalin as an Anthelmintic.

Dr. Coriander, of Samarkand, recommends naphthalin as a valuable economical remedy, especially in country and military practice, for worms, both *tænia* and *ascarides*. He gives children of from one to three years of age 2 or 3 grains twice a day. In the case of adults he gives from 20 to 80 grains a day in powder with sugar.

An Unrecorded Danger from Continued Large Doses of Iron.

When iron is indicated and ordered, it usually happens that its use is persevered in for a long time.

Dr. J. Strahan calls attention, in the *Brit. Med. Jour.*, September 18, to the fact that it is likely to cause intestinal concretions, and we should remember this fact.

Urticaria.

Lassar cuts short the duration and reduces the frequency of violent attacks of urticaria by 24-grain doses of salicylate of sodium, repeated every two hours until three doses are taken. It is certainly well worthy of a trial, as the trouble is undoubtedly at times a very stubborn, not to say serious one.

CORRESPONDENCE.

Paris Letter.

Curability of Cirrhosis of Liver—Diseases Common in Syria—Treatment of Fractures by Massage—Antipyrin in Infantile Therapeutics—Rabies—Iron Fork Extracted by Gastrotomy—Curious Statistics—Turpentine in Diphtheria—Oxymel of Squills in Pertussis.

PARIS, October 1, 1886.

EDS. MED. AND SURG. REPORTER:

At a recent séance of the Société Méd. des Hôpitaux, cirrhosis of the liver and its prognosis came under discussion.

It has been generally considered an incurable disease. "Where ascites is present in conjunction with the other symptoms proper to cirrhosis, no hope of cure can be entertained, and treatment is only palliative," such are the words of Rendu, in the Dictionnaire Encyclopédique. Frerichs considers the disease fatal in the great majority of cases, and almost inevitably so when arrived at its full period of development. However, in the course of this discussion a number of cases where cure was obtained after the patients had presented all the symptoms of the disease were reported by various and able clinical observers.

Troisier reported one, of alcoholic origin, where cure was obtained, and MM. Siredey and Dumontporcelet, a similar one; in both these cases the duration of treatment was unknown. Féreol reported a case where cure was obtained after three months, Richard, one after eighteen months, and Dieulafoy, one after two years. Finally, M. Saucerotte, of Lunéville, reported a case which had come under his father's care thirty years previously, where cirrhosis had been diagnosed by Fouquier and other eminent practitioners. The patient was under treatment about one year, and enjoyed excellent health up to the time he came under M. Saucerotte's observation, thirty years later.

At a recent séance of the Académie, an interesting communication was received from M. De Brunn, Professor in the French College at Beyrouth, on the diseases most prevalent in Syria.

Malaria comes first in rank, and is very frequently observed; it gives rise in many patients to crises of laryngeal spasm, due to acute œdema of the parts, and these accidents are most amenable to treatment by the sulphate of quinine. Next in frequency comes syphilis, which is very common among

the Mussulman population. Affections and derangements of the digestive organs are frequently caused by poor food and the abuse of cheap arrack, a liquor containing from 38 to 40 per cent. of alcohol. As in most oriental countries, gravel and stone, and also affections of the eyes, particularly granular conjunctivitis, are very prevalent.

In summer a skin affection accompanied by severe pruritus, and called sweat dartre or bouton, causes much suffering among the poorer classes.

A new method of treatment of fractures, particularly of the radius and fibula, was recently brought to the attention of the Société de Chirurgie by M. Lucas-Champonnière. This consists in immediate and prolonged massage at the seat of fracture, without the application of any splint or other apparatus to secure immobility.

M. Champonnière asserts that in many cases this has given very excellent and rapid results. In a recent case, a fracture of the radius occurring to a physician, three days of massage had proven of such benefit that he was then able to write prescriptions with the injured hand.

M. Trélat, in the discussion which followed this communication, considered that proper coaptation of the fractured surfaces, with complete immobility, was absolutely necessary for their proper union; massage and all other such methods could only serve later in reducing stiffness about the joint. He considered that three weeks in splints was generally sufficient, but would not by any means leave the fracture without any form of apparatus, as recommended by M. Lucas-Champonnière and by Tilanus, of Amsterdam.

M. Moncorvo strongly recommends antipyrin in infantile therapeutics; he regards it as the least dangerous of febrifuges, and has given as much as one gram for a dose to the youngest infants. It always procures a reduction of temperature in pulmonary affections, inflammatory or otherwise.

In a recent discussion on an assertion of M. Canetolli, that rabies was sometimes of spontaneous origin, M. Dujardin-Beaumetz mentioned some curious facts in relation to the subject.

He denied absolutely the assertion that rabies is ever spontaneously developed; a dog never becomes affected with the disease unless bitten by another dog already suffering.

Since the compulsory use of the muzzle has been adopted in Berlin, rabies has been almost entirely suppressed in that city.

It has been said that rabies is almost unknown in Constantinople, notwithstanding the great number of dogs which infest that city. This is on account of their curious and well known customs. The dogs seem to be divided up into groups, each group occupying a certain quarter of the city. If any strange dog appears, or if any dog strays into the wrong section of the city, he is immediately set upon and devoured by the inhabitants of that section. So that, as dogs belonging to strangers have to be jealously guarded, there is not much danger of the introduction of rabies. In Paris there are many dogs allowed to run loose during the day, and if one becomes mad there is no impediment to his spreading the disease.

M. Pollaillon recently performed gastrotomy for the removal of an iron fork swallowed by a boatman. The presence of the fork in the stomach was clearly indicated by the deflection of the magnetic needle, in a very delicate apparatus, devised by M. Trouvé. The operation bids fair to become successful, as all indications point to speedy recovery of the patient. According to M. Pollaillon, out of seventeen cases where forks were swallowed, in seven the foreign object did not cause serious accidents, and was eliminated after formation of abscess. This case has attracted considerable attention here at Paris, where surgical operations on the stomach are not so frequently performed as in Germany.

One of the most curious statistical records recently compiled is that of Dr. Salzmann, of Essling, in Wurtemberg. He found on going over the ancient records of Essling, that in the sixteenth century the average duration of life among the physicians was 36.5 years; in the seventeenth, 45.8; in the eighteenth, 45.8, while at the present time the physicians of Wurtemberg reach the very favorable average of 56.7 years. It would appear that this very great increase in longevity was due to the disappearance of the pest, and the great diminution in the number of typhus epidemics. The black death, or black pest of the fourteenth century, decimated the practitioners of that epoch. Guy de Chauliac suffered from it twice and recovered; Chalin de Vinario succumbed.

At the Congrès General for the Advancement of Sciences held this year at Nancy, M. Delthel spoke somewhat in detail of his treatment of diphtheria by inhalation of the vapor from spirits of turpentine, and swabbing the throat with the same product. He has had 126 recoveries in 134 cases. His

treatment is very simple: Near the patient's head and in different parts of the room he places large platters containing common spirits of turpentine, and uses the same liquid over the membranous patches with the swab. Incidentally he called attention to the notable increase in the mortality of this disease; in Paris there is a yearly mortality of 2,000 from diphtheria, while in Saxony 20,000 people have perished from the disease in the space of four years. He is of opinion, and his views in this respect were sustained by MM. Verneuil and Bouchard, that there is a similar disease among poultry, and that in certain cases this might lead to the spread of the disease.

M. Netter, at the same Congrès, vaunted the excellent results obtained from the administration of oxymel of squills in whooping cough. To nursing infants he gives from forty to sixty drops daily, in divided doses. To a child two years of age he gives four or five teaspoonfuls in the course of one hour, and then no more until the following day at the same hour. For older children he increases the dose to six or seven teaspoonfuls. Under the use of this remedy the cough becomes softer, and the number and duration of the spasms rapidly diminish. * * *

Charms and Superstitions.

EDS. MED. AND SURG. REPORTER:

In the REPORTER for August 7th, is an article on "Charms and Superstitions," etc. If you desire anything more in that line, I can give a few items of superstitions and charms, practiced by some of the people in this corner of the foot-stool.

To carry an axe on your shoulder through the dwelling house is a sign your next child will be a boy. To carry a "horse chestnut" in your pocket, will not only prevent, but actually cure "piles." To carry some of the fruit of the coffee-nut tree in your pocket will prevent an attack of cramp colic. Wearing a brass ring on the little finger of the left hand will cure and prevent rheumatism. To repeat a few words, said to be contained in the Bible, and blowing the breath on a burn three times, will cure the worst case. Wearing a leather shoe-string around the neck will prevent whooping-cough.

The persons practicing the above superstitious folly are well known to myself. Besides that which has been enumerated above, there are quite a number of other charms believed in. With the exception of this superstition, the individuals otherwise seem reasonably sensible. But these things having

been handed down from generation to generation are firmly believed in; and the skill of a physician who is the seventh son of a seventh son, is, in their estimation, beyond all doubt, perfect.

A READER.

Morea, Ill.

NEWS AND MISCELLANY.

Stauffer's Gynecological Instruments.

This series of hard-rubber instruments has been advertised in this journal for a period of fifteen years. The series now comprises 200 styles and sizes of womb-supporting and womb-examining instruments.



The engraving represents a spring stem and internal yielding stem cup supporter, on abdominal supporting belt. Fig. 7 on the left a hard-rubber speculum and conductor, flesh color inside, showing the vaginal portion of the uterus as plainly as if located externally. On the right the series of 4 graded speculums and conductors in a hard-rubber case. Whole weight but 10 ounces. The hard rubber parts are exchanged at cost (less repair if needed), throughout the catalogue, without limit of time. The same guaranteed. Please send for catalogue, rules and limit of guarantee.

Instruments and catalogue obtained by addressing MEDICAL AND SURGICAL REPORTER office.

Recent Therapeutics.

The question is often asked us by correspondents, Which is the best work on Therapeutics? The query cannot be answered by giving a single title. Therapeutics may be studied as a classification of drugs with reference to their effects in disease.

From this point of view we give the preference to Dr. T. Lauder Brunton's work, "Materia Medica and Therapeutics." On the other hand, the reader may prefer to

have a classification of diseases, with a synopsis of their most appropriate remedies, and a statement of the treatment adopted by the most eminent living physicians. To such a reader we commend the series entitled *Modern Therapeutics*, published at the office of this journal, in four volumes, as follows: I. *Modern Medical Therapeutics*, by Dr. G. H. Napheys, \$4.00; II. *Modern Surgical Therapeutics*, by the same, \$4.00; both revised to a late date. III. *Therapeutics of Diseases of Women*, by Dr. Wm. B. Atkinson, \$3.00. IV. *Therapeutics of Diseases of Children*, by Dr. Joseph F. Edwards, \$3.00. The volumes are sold separately, at the prices named (in cloth), and the unusual offer is made that if they are not satisfactory, and are promptly returned, the price will be refunded.

Wyeth's Vaccine Farm.

One of the questions set down for discussion at the recent conference of State Boards of Health was, "Should Vaccination be made Compulsory?" Such a question, one would suppose, should be unhesitatingly answered in the affirmative, when we realize, as we do, what an absolute protection this trivial operation affords against the terrible ravages of small-pox. But there are those who say that vaccination may be potent for much evil, and there is good ground for this fear. It is impossible now-a-days to do all our vaccinating with absolutely irreproachable human lymph, and in using that from the cow we are not always sure of what we are getting. The firm of John Wyeth & Bro. have recently started what may be truly called a *model vaccine farm*. We have personally inspected this farm, and we can honestly say that we have never seen a more perfect establishment. The quarters for the vaccinated heifers are perfectly ventilated, and are so arranged that they can be, and are, kept scrupulously clean. The farm is on such an extensive scale that the Messrs. Wyeth can supply an almost unlimited demand for lymph, and we feel no hesitation whatever in recommending in the strongest terms their product to the profession.

Force of Growing Plants.

The force exerted by growing plants is very great. Fungi are composed of soft tissues, yet a growing mushroom has been known to lift a large paving stone. The rootlets of pines and cedars growing on the sides of rocky declivities penetrate narrow crevices in the rocks, and finally by their

growth loosen huge masses and send them tumbling down the cliff. Years ago President Clarke, of the Massachusetts Agricultural College, put a pumpkin into harness and demonstrated that it was capable of lifting thousands of pounds. In a cemetery in Hanover a seed germinated in a crevice beside a tombstone which contained twenty cubic feet. The seedling, now a small tree, has lifted the stone over five inches. Not the least wonderful of phenomena of this class is the force exerted by the radicle of the germinating plant. Darwin has demonstrated that it exerts a force, which in proportion to its size, is astonishing. This force the plantlet utilizes in sending its root into the soil, and the strangest part of the strange phenomenon is that the little soft radicle is capable of penetrating soil very much harder than itself.

Sir Joseph Lister's Operations.

The foreign correspondent of the *American Practitioner and News*, who has watched Sir Joseph Lister operate, says that he is excessively slow, and is by no means careful in the details of antiseptis. He has given up the spray entirely, and is now using for dressings gauze and cotton impregnated with a new antiseptic. The nature of this is at present a secret. The bold Kentucky correspondent confesses that he "had the cheek to ask Sir Joseph for information on the subject, when he very politely replied that he was sorry to have to decline giving it to me; that it was yet a secret, and he wished to keep it as such until he was fully satisfied as to its efficacy, when he would make it known to the profession. He said that it had been on trial in his wards for many months, and that so far he was greatly pleased with it."

Fees for Obstetrical Practice.

The *American Lancet* says:

What fee should be charged a wealthy man for attendance upon his wife in confinement, more than four hours of day-time being thus consumed, and several visits made the patient during convalescence, by a practitioner of more than 25 years' experience, and occupying one of the most prominent positions among the medical profession of Detroit? Such was the question put to us the other day by another Detroit physician. Our guess was far too high, and yet we estimated the time at about plumber's prices. We doubt if any of our readers would nearer approximate the truth. As a fact, we are ashamed to state the sum. It is no won-

der that so many of the physicians of Detroit are poor.

Fasting in Russia.

It is stated in the *Sanitary World* that the Holy Synod, in St. Petersburg, has decided that Russian soldiers in future must observe Lent in the most rigorous way. They will have to fast not only during the four "Great Lents" yearly, but also every Wednesday and Friday, and the six great days of prayer and repentance. This is the calculation: The Great Lent (of Easter), 79 days; Petrovski Lent, 20 to 50; Uspenski Lent, 17; Filippovski Lent, 39; six days of prayer and repentance, 6; 31 Wednesdays and 31 Fridays, 62; total, 170 to 200 days, on which dates neither meat nor fish (during the Easter Lent), nor eggs, nor milk, nor even sugar, is allowed. The officers assert that the physical strength of the soldiers must inevitably suffer from the new regimen.

Morals and Massage.

English journals are exposing some of the immorality which is said to be associated with the practice of massage by professionals. If the stories are true, many of the establishments are little better than houses of ill-fame. One journal says: "There is only too much reason to believe that the professional *masseur* exercises his or her skill in the direction of exciting the sensual feelings of the patients, or rather victims, and that the success of the professional rubber is closely connected with effects on the system in this direction." Physicians in this city are often informed of similar practices occurring in such establishments here; and doubtless there are none who do not take proper precautions in recommending massage.

Ambiguous Charity.

The other day a grand ball was given at the Hôtel Schweizerhof at Lucerne, in aid of the sufferers from cholera in Italy. Several thousand francs, the proceeds of the entertainment, were handed over to the Italian Relief Committee, more, it is said, to the advantage of Switzerland than of Italy. In the words of an "Indignant Italian," the impression is thus made general throughout Europe that Italy is sore stricken with cholera, and travelers are afraid to cross the Swiss frontier, to the serious detriment of the Italian hotel-keepers and tradesmen, and to the corresponding gain of the astute

Switzers, while the subalpine lakes from Lago Maggiore to Lago di Garda were never healthier or more attractive."

Decay of Bakers' Teeth.

A valuable lesson in the vigorous and frequent use of the tooth-brush is to be learned from the following extract from the *Independent Practitioner*. It says that one of the most convincing features in favor of the chemico-parasitic theory is its ability to account for the most diversified phenomena of decay. A striking proof of this is furnished by an article on the above subject from Prof. Dr. Hesse, in the *Deutsche Monatsschrift*. Hesse finds that bakers suffer to a surprising extent from decay of teeth, affecting principally the labial surfaces. He attributes it to the fact that bakers constantly breathe in flour, which is deposited upon the surfaces of the teeth, where it speedily ferments, after being converted into sugar by the diastase of the saliva.

The Value of Nostrums.

The New York *Evening Post* says: "What a commotion there would be among our patent-medicine venders if the New York police followed the example of the Berlin police, who are continually issuing warnings to the public, of which the following is a specimen: 'The tradesman, Paul Heider, of this city, Anklamer Street 28, is selling, under the name of 'Harz Mountain Tea,' a mixture of lavender flowers, sassafras root, peppermint, and several other plants, weighing fifty grammes. His price is fifty pfennigs, and he advertises it as a remedy. Official analysis has shown that the real value of one of these packages is hardly ten pfennigs.'"

A Parisian Mystery.

An example illustrating the necessity of post-mortem examination of the bodies of all persons who have died under suspicious circumstances, or from any unknown cause, has recently occurred in Paris. The dead body of a little girl was found in a street (Rue Vertbois) about a week ago, and as no person came forward to claim it, this of course gave rise to all sorts of suspicions as to the cause of death. This, however, was soon cleared up at the morgue, where at the necropsy Dr. Descouts discovered in the trachea of the child an intestinal worm (the *ascaris lumbricoides*) fifteen centimetres long, to which he attributed the cause of death by asphyxia.

A Short Method of Cure for all Diseases.

The latest religious sect in Russia has been founded on the dogma that it is a sin to let a fellow-member suffer the martyrdom of disease. Accordingly, when anybody falls sick, one of the believers goes to him and chokes him to death. The person commissioned for the deed is clad in red clothes, and is known as "the red death." Unfortunately they do not confine their delicate attentions to the members of the sect alone, but impelled by a broad charity, seek to cure in their peculiar way every one, whoever he may be, who has the misfortune to become ill.

Hopeless.

Sir Astley Cooper used to relate the following anecdote of an Irish candidate before the Examining Board of the London College: "What is a simple and what is a compound fracture?" asked the examiner. The reply was: "A simple fracture is when the bone is broke, and a compound fracture when it's all broke." Sir Astley asked him what he meant by "all broke." "I mean," he replied, "broke into smithereens, to be sure." I ventured to ask him what was "smithereens." He turned upon me with an intense expression of sympathy upon his countenance, "You don't know what is smithereens? Then I give you up!"

Death Following an Application of Collodion.

A death is reported in France from the application of collodion to the face of a woman suffering from small-pox. The design of the application was to prevent pitting. Suppuration took place under the mask of collodion, and the patient died after great suffering. As the small-pox was discrete and uncomplicated, and the autopsy showed no visceral lesions, the fatal termination would seem to have been due to the injury resulting from the collodion.

Reorganization of the Jefferson Medical College.

It has been announced, we believe correctly, that there will be a reorganization of the Jefferson Medical College. The office of Dean will be abolished, and those of President and Secretary be established—Professor J. M. Da Costa, M. D., to be President, and Professor J. M. Holland, M. D., to be Secretary of the Medical Faculty. Professor Roberts Bartholow, the present Dean, will resign.

The Importance of Cleanliness.

In the annual discourse before the Massachusetts Medical Society at its last annual meeting, Dr. R. M. Hodges says: "Dirty finger-nails may communicate a fatal poison, through the trivial operations of surgery which every physician undertakes to perform, or inaugurate the 'private pestilence' which still sometimes follows in the track of the obstetrician."

Goodell's "Lessons in Gynecology."

A new, enlarged, and thoroughly revised edition of this standard work will be published at the office of this journal next January. As the last edition was rapidly exhausted, orders for the next one should be sent in early to Dr. D. G. Brinton.

Electrical Apparatus.

An electrical battery is now so indispensable an adjunct to a physician's outfit that his office is unfurnished without one. We happen to have quite a variety on hand, of different styles and prices, all new, and by addressing this journal, a physician can supply himself with one at a large discount.

Items.

—Speaking of *purgatives*, Prof. Bartholow told of an old soldier who always carried about him a bullet, which he had used for forty years as a cathartic. It acted by its weight.

—Dr. O. W. Holmes said in his address to the students of Edinburgh: "Literature was a good staff for walking with, but not a good one to lean upon. From Coleridge he had learned that every literary man should have some fixed and regular occupation."

—In a case of *infantile eczema*, Prof. Bartholow, besides directions given as to diet, placed the child (aged two years) upon tinct. belladonnæ, gtt. v, ter die, or sufficient to cause dryness of the mouth. The object in view is to affect the cutaneous circulation, and thus bring about the desired result.

—The latest issues of the Physician's Leisure Library embrace "Spinal Irritation" by William A. Hammond, M. D.; and "The Modern Treatment of Eczema," by H. G. Piffard, M. D. Both these monographs sustain the high position which their authors have already obtained among American medical writers.

—The *Weekly Medical Review* (Sept. 25) says that the sorehead opponents of the Con-

gress who have been abroad this summer misrepresenting the same, had better, like the Irish tramp, apply to their respective lying-in-hospitals for quarters. It's the right place for them, as they have been lying out of the country these three months.

—Doctor ——— called at a house, and was met at the door by a little daughter of the family. He asked her to tell her mother that the doctor had called. The child went up stairs and soon returned. "Did you tell your mamma?" asked the doctor. "Yes." "And what did she say?" "She said, 'Oh, pshaw!'"

—According to the *Schweizer Handels-courier*, September 3, 1886, on August 31 a Swiss Asylum for Epileptics was opened in Rueti, near Ries-Zurich. It is the first institution of its kind in Switzerland. The number of beds is 50. It is almost superfluous to add that all the beds were filled on the very first day. The institution is directed by Dr. Koelle, formerly of Stetten.

—Dr. Geo. T. Stevens, of New York, has received the prize of the Royal Academy of Medicine of Belgium, for the best essay on "Elucidating the Pathogeny and Therapeutics of the Diseases of the Nervous Centres by Clinical Facts and Experiments." Of all the essays submitted, only his will be published by the Academy.

—The police authorities in Berlin have published an order requiring physicians to give written notice to the sanitary board within twenty-four hours after the diagnosis of the disease, in every case of puerperal fever, whether followed by death or not. The name of the midwife in attendance is also to be given.

—A correspondent of the *North Carolina Medical Journal* describes Mr. Jonathan Hutchinson thus: "He seems scarcely more than fifty years old, is tall, rather thin, and round-shouldered, has dark hair and dark complexion, an intelligent but homely face, and might pass himself off at the State Fair or anywhere else as a North Carolina farmer, without the slightest fear of suspicion."

QUERIES AND REPLIES.

ointment FOR SYPHILITIC ULCERS.

EDS. MED. AND SURG. REPORTER—

I have a patient who contracted syphilis some years ago, and now whenever his skin is bruised or lacerated, the healing process is very slow. What can I do? M. D.
Iowa, October 15.

Ans.—A most admirable ointment in such cases is—

Ung. Hydrarg. nit.,	3j.
Cosmoline,	3viij.
M. & ft. ung.	